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ORIGINAL COMMUNICATIONS.

On the Diseases and Injuries of Seamen. By G. R. B. Horner, M. D., Surgeon U. S. Navy, Philadelphia.

A very rare case of abscess in the left parotid gland occurred on board the Delaware in her voyage to Brazil. The patient was a seaman of 33 years, who, without any known cause, was seized with swelling and acute pain in the part, without any constitutional symptoms for four days after his admission on the sick-list. Fever then ensued, and was followed by a great increase of pain and swelling. This soon extended itself to the whole side of the face, and the lids of both eyes became tumefied so much as to intercept vision. Linseed poultices were at first applied, and upon the extension of inflammation into the surrounding parts, were mingled with a solution of super-acetate of lead. Purgative pills were taken, the parts were scarified, and suppuration having occurred on the sixth day, an incision was made into the abscess with a lancet and a large quantity of fœtid pus let out which continued to flow for many days. In the meantime the poultices were continued, and opium rubbed up with vinegar was given to relieve pain. Fever was subdued with the spiritus mindereri and tartar emetic, the blue pill was

taken at night and worked off with epsom salts or magnesia and rhubarb. The abscess, however, refused to close; the neck and left angle of the lower jaw became indurated and swelled, and his constitution depraved. A bitter infusion and syrup of sarsaparilla were prescribed as needed; lead water was injected into the cavity formed beneath the ear, a lotion of sulphate of zinc was used, the black wash was also injected and a seton passed through the abscess from above downwards. An incision was likewise made beneath the left eye to let out a collection of pus formed there. He was put on a diet adapted to his condition, and at first low, then nutritious. The bowels were kept open by the purgatives mentioned, cream of tartar water, and castor oil; and tone was given to his system by the sulphate of quinine dissolved in elixir of vitriol and water, and properly sweetened. Under this treatment he was restored to health two months after his admission.

An abscess of a still more obstinate kind, bearing a strong resemblance to that of the armorer, occurred in the above ship, and was treated at the same time with the abscess just described. But the duration of the former one was much longer, that being continued a period of six months, and it was the result of a scrofulous inflammation of the left hip joint, or morbus coxarius. The subject of the affection was a sailor of small size, aged 22 years, who stated that he had fallen on the left hip six years previously, and had hurt it so much as to have been lamed for a week, but that afterwards he suffered no inconvenience until just before he was taken under treatment. Pain then came on in the left groin and its glands began to swell. Two days subsequently he had cough, general pains, and other signs of having caught cold.

The ship at this time was lying in Hampton Roads ready to sail, and only awaiting orders, and a number of her crew were affected with catarrh. As the patient seemed only affected with this, and had said nothing of his having once injured his hip joint by a fall, he was given at first only a pectoral and a dose of epsom salts and tartar emetic, and directed to use frictions to the seat of pain with vol. liniment. A soap plaster was next applied to the glands, which reduced their size, but the pain continuing, the parts beneath becoming tumid and indurated, two

blisters were put on in successsion. The swelling still increasing, poultices were substituted, and excited suppuration three weeks after his admission. By this time the swelling extended throughout the groin and occupied the parts above and below Poupart's ligament. An incision was made into the swelling of the groin, a profuse discharge of bloody pus took place, and in a few days assumed a greyish hue. The nature of the disease having been previously developed satisfactorily, the patient had been prescribed the syrup of sarsaparilla twice a day in the dose of three ounces. A month afterwards another incision had to be made on the inside of the thigh, next the scrotum, to let out pus. The blue pill was given, the syrup continued, and frictions were used to relieve pain and stiffness of the thigh. He also took opiates as required, and an infusion of cinchona and gentian, after having used the syrup for more than a month. His bowels were kept open by pills and castor oil; black wash was applied to the abscess as a lotion, and when the former had closed, an issue was made over the joint with caustic potash, and beans were put into the issue formed to keep it running. Under this treatment the affected parts healed kindly though slowly; but by the twelfth of December, at the time the ship had crossed the tropics and got on the coast of Brazil, he had become pallid, emaciated and debilitated, and besides had had an ulcer formed on the sacrum from his having been bedridden two months. The left lower extremity was also soft, œdematous and swelled, the leg was flexed on the thigh, and this on the pelvis, and Amesbury's splint was applied to keep them extended, and prevent permanent flexure and shortening of the limb. To remove swelling a bandage was first applied around it from the foot upwards.

Notwithstanding all that was done for him, and his previous improvement, he became still worse on our arrival at Rio, and was seized with fever. The parts again swelled, suppuration returned upon the re-application of a poultice to the groin, and a spontaneous discharge of pus occurred at the first incision, through a fistulous opening. The fever was relieved after this, and the administration of repeated doses of tartar emetic, each consisting of the $\frac{1}{8}$ of a grain in solution. Afterwards he took the quinine mixture three times a day, and kept on the poultices as long as necessary. On introducing a probe, the abscess was found to

reach several inches towards the anterior superior spinous process of the ilium. But by a continuance of the treatment adopted the patient again improved; the groin healed, and he gradually recovered the use of the limb so far as to be able to walk about the ship with a crutch. Perfect use of it was impossible, for so far as could be ascertained, the head of the femur had been entirely removed by caries, spontaneous dislocation had happened and a false joint had been formed on the dorsum of the ilium. The knee and foot were turned inwards as in accidental luxation, the limb was shortened about three inches, and the patient was barely able to touch the decks with the toes of the left foot. He was, moreover, so unlucky as to again take cold on our arrival at Montevideo, and to have the affected joint injured by concussion with a shipmate. By these mishaps his recovery was retarded, but in April he was discharged to duty, and being lame was sent home during the following summer.

All the varieties of external or tegumentary ulcers I have met with at sea, but the most numerous and difficult of cure were the varicose, indolent and venereal. The first kind were uniformly seated on one or both legs and near the enlarged veins, and the second kind were generally on the same parts, and sometimes of a scorbutic character, having been attended with puffiness and lividness of the limbs, the formation of fungus and a strong disposition to slough, which displayed itself particularly in the La Plata. The cause of this was thought to be as much owing to improper aliment as the coolness and dampness of the climate, rendered more injurious by the strong winds continually blowing up the river from the southern Atlantic; for the ship's crew were supplied abundantly with fresh provisions several times a week. In the treatment of the varicose ulcers, uniform pressure was made upon the limb with a spiral bandage and adhesive strips, numerous metallic lotions and some ointment were applied, the patient was kept at rest, the limb was elevated, and the constitution kept in or restored to a sound condition. The same rules were observed in treating indolent ulcers; the edges were kept down by lunar caustic, pressure and scarification, and they were washed generally with a solution of the sulph. of zinc, sulph. of copper or nitric acid several times a day, or sprinkled with powdered cinchona, which was often very efficient. On the

coast of Brazil this was most observed, and most practised, from the general indolence there of all kinds of ulcers. Hence the cases there were also treated by the free use of internal tonics, among which the preparations of quinine were commonly preferred. Of the ointments, the citrine, red precipitate and Turner's cerate were most efficacious. As in the treatment of abscesses, the blue pill was employed, laxatives were given afterwards, and the patients dieted according to their condition. When they manifested scorbutic marks, lemonade was freely drank, and some of the bitters or tonics were administered.

In the treatment of venereal ulcers, my uniform practice was to apply the lunar caustic once or more, then to heal them up with the black wash, or a solution of sulphate of copper or zinc, and if this failed or was not effectual enough, a little mercurial ointment was rubbed near the ulcers. Sometimes the blue pill was taken, and in a few cases, when the ulcers sloughed, a solution of ʒi or ʒii of nitric acid in ℥viii. of water was applied with certain success, though very severe. If buboes followed the ulcers, they were if possible driven back by leeches or blisters, but these frequently failed, and the latter were objectionable from their inducing permanent induration of the skin as well as thickening of it. My practice, therefore, was generally, to cause suppuration by applying linseed poultices. But at Naples the virus of syphilis was so active and violent, that it quickly impregnated the system, acted like the poison of a viper on the parts, producing chancres and buboes in rapid succession, and I found that the best practice was to induce their absorption or suppuration by frictions with mercurial ointment in the course of the absorbents leading towards them. When constitutional symptoms followed they were combated with the syrup and decoction of sarsaparilla, and sometimes with blue mass in alterative doses. Other mercurial preparations were not employed at all, and salivation was never induced, yet very few instances of secondary syphilis happened, and no case was uncured, nor were any bones made carious, as under the old mercurial mode of treating syphilitic diseases, when patients were made to spit by the quart, according to John Hunter's practice. One of the most remarkable cases of secondary syphilis was that of an officer who contracted two chancres at Malta. They were

healed with the nitrate of silver, black wash and lead water, without any apparent constitutional taint; no buboes formed, and yet six weeks after he was first treated for chancres, and some days after he had returned to duty, a venereal ulcer formed in both tonsils. His diathesis was highly nervous and sanguine, the ulcers were irritable and inflamed, spread extensively, were very hard to cure, and resisted the healing virtues of several gargles, as of borax, sage tea and honey, alone, and united with tincture of myrrh. When these gargles had failed, a solution of five grains of the nitrate of silver, to an ounce of water was substituted, and applied once or oftener every day with a mop. This medicine had the desired effect, and was gradually increased to 10 grains, the patient was put on low diet, took five grains of blue mass every night, and a decoction of radix sarsaparillæ ℥iv, senna ℥i, extract of liquorice the same, extract of sarsaparilla ʒi, loaf sugar ʒviii, in a gallon and a half of water, which was boiled down a third. The next day after taking the blue pill he took a dose of powdered rhubarb. Afterwards some sassafras and mezereon were added to the decoction, but proved irritating to the throat and were omitted. By the above treatment the ulcers were healed in about a month, but the fauces continued inflamed, and a scaly eruption appeared on the scalp, spread downwards over the back, and formed copper colored blotches over all the body and limbs. Not even the penis was exempted, and it became covered at the lower part with continuous scabs. This eruption was as obstinate as the ulcers in the throat, which reappeared in a short time, again healed up, and broke out again four months after they first appeared. The solution of nitrate of silver was perseveringly applied to them, and at last effected a cure with the help of constitutional remedies. In addition to those named, hot bathing in fresh and sea water, was used every day, seidlitz powders were substituted for rhubarb after the blue pill, and the skin kept perspirable by dissolving four grains of tartar emetic in a gallon of the diet drink. His condition was soon improved by this change of treatment, his throat and skin assumed their natural state and he was restored permanently to duty early in August. His recovery was a subject of joy to himself, medical attendants, and colleagues, who had been performing his duties

so long, and would have probably been obliged to do so indefinitely, had he been treated according to the old routine and thoroughly mercurialized; for his irritable, sanguine temperament and partly scrofulous habit, would certainly have been aggravated by such practice, and incurable ulcerations and caries been the probable consequences. His case illustrates too the very great importance of healing chancres immediately. His were not healed, I understand, from his living on shore when they broke out, and their having been allowed to attain a large size before the medicines mentioned were applied.

Of primary syphilis many cases were treated, and most of them occurred in the Mediterranean, whose chief ports abound with every form of venereal diseases. Hence the crews of vessels allowed to go frequently on shore at them, invariably suffered much from them. That of the United States, consisting of 480 men, proved that fact, for about a fifth were infected during her cruise ending in the fall of 1838. Of these, a fourth had primary and secondary syphillis; and sixty, gonorrhoea. In the case of the latter disorder, both on board her and other vessels, as well as on land, I have found that the safest and surest plan of treatment was to combine local with constitutional treatment. This was ascertained by using each method seperately on distinct classes of the patients, learning the average time it took to cure each class, and then doing the same with regard to a third class, treated after the joint method. The average number of days for the last class was fourteen; that of the others much more. Hence the general method of treatment adopted afterwards was to confine the patients to their hammocks, open their bowels with castor oil in preference to any saline purgatives which might render the urine more irritating; and to give gum water or flax-seed tea, sometimes with a grain or two of tartar emetic to a quart, chiefly to create slight qualmishness and prevent indulgence in food. This was strictly farinaceous, and commonly fluid. Leeches were applied under the urethra, or poultices to the whole part, warm bathing was used, and injections of the super-acetate of lead, from three to five grains, prescribed. This was gradually increased, now and then joined with the sulphate of zinc, or substituted by the nitrate of silver much diluted. This latter I have employed first, but have seen it produce such

violent effects, as not to be able to recommend it at an early stage and in a large quantity. To relieve chordee, camphor in pills of five grs., and frictions under the urethra with mercurial ointment were frequently employed, the first article acting as an anodyne and sedative, the latter producing absorption of the coagulable lymph, preventing the expansion of the urethra from corresponding with that of other parts. Internally, we likewise gave powdered cubebs, in the doze of ʒi. two or three times a day, the oil of the same article, and balsam of copaiva in its pure state, mixed with sugar, gum arabic, and water, or made into pills with calcined magnesia, which is a very excellent method of using the copaiva, as it prevents nausea, corrects acidity, and enables the stomach to retain a much larger quantity. Hence my patients preferred the pills to any of the balsam mixtures. It mattered not whether they were combined or not with laudanum, tr. of lavender, or sweet spirits of nitre, and especially with the last, which is so ethereal as to cause the eructations to be intolerable to some persons. By the above treatment they were cured, pleasantly, and without stricture, but the former was varied when required, and if orchitis supervened, the affected part was leeched, poulticed, washed with cool astringent lotions until restored to its pristine dimensions, and when these remedies failed, the iodine ointment was successfully applied; but it occasions such excessive pains after the cuticle is stripped off by it, that few patients will submit to its reapplication.

Cutaneous Affections.

Besides the diseases mentioned, some of the most common met with were scabies, herpes, impetigo, acne, and urticaria. Between the tropics the miliaria occurred frequently, scarlatina north of them, and variola in every climate. Pemphigus was of rare occurrence every where; no case of measles was seen on board of any ship. Erysipelas was very rare, and the same may be stated respecting other cutaneous affections not noticed. Of scabies every grade was met with, those only affecting the fingers and arms, as well as those spreading over all parts of the body, and simulating diseases of a different kind. This was properly ascribed to neglect, want of cleanliness, and allowing patients to remain affected with itch without being reported, or

from their keeping aloof from medical advice and using no remedial agents, until the skin had become thoroughly irritated by the animalculæ, and was covered with scabs. From this circumstance they may be attributed to some other cause, and are liable to be thought owing to some of the eruptive disorders. In warm climates from constant excitement kept up in the skin, this blunder is most apt to be made, particularly when the patients keep aloof and apply for no relief until forced by excessive itching. But by careful examination of the hands for the detection of the small vesicular pimples commonly found in itch between the fingers; by the fact of others having the complaint on board, and the absence of constitutional symptoms, we may satisfy ourselves of its existence in the persons being examined. In the treatment of those affected, a speedy cure was uniformly obtained by me from the use of sulphur ointment rubbed on all parts affected twice or three times a day, and the cure of some cases was hastened by giving as often from ʒi to ʒii of the flowers or lac sulphuris in molasses. A solution of the iodide of potash as a lotion is also efficacious, and is preferred by some from its not tainting the air, but I decidedly prefer the sulphur. For the hands, the most cleanly mode of applying it was to work up the flowers with soap, and to use it as the ordinary. To the body the ointment was applied twice or three times a day, and in some cases when the whole skin was infected, I generally gave the flowers in the dose of ʒi in molasses, as often. To relieve the itching immediately, and the inflammation occurring in bad cases, a solution of the super-acetate of lead was used as a lotion. Change of clothes, as much cleanliness as could be observed while using the ointment, and separation from the uninfected, were likewise enjoined, and by strict observance of this treatment the disease was uniformly soon cured and stopped from diffusion. Besides animalculæ causing scabies, I have frequently known seamen to be greatly annoyed by vermin of two kinds, the common louse and crab. For the cure of the complaint caused by the first, the razor, and a thorough washing with soap and water, prescribed by the officers of the line, are usually employed, though as much for disgrace as a remedy. But for that complaint as well as for the one occasioned by the other vermin, none can be used with greater certainty than

mercurial ointment. By rubbing it in the hair, or on the parts affected, a few times, it will always act as a deadly poison to the vermin, at once kill them and remove the itching.

Herpetic eruptions were met with at long intervals, and were mostly of a mild kind, which soon healed by application of the lunar caustic, or citrine ointment; but some cases were not cured until treated constitutionally. The severest case I ever saw was that of a young muscular, plethoric seaman in the Mediterranean, who had had an attack four years before. His whole body was covered with the eruption, in widely spread or circumscribed patches, of a bright red hue, and throwing off thin scales. His scalp was affected also, and the eruption on it became pustular. He was twice on the sick list, the first time for three months, the second for four, and was each time cured with great difficulty. The remedies employed for the purpose were ol. ricini, epsom salts, sulphur and cream of tartar, to relieve the costiveness preceding the disease, the compound decoction of sarsaparilla, blue mass, minute doses of corros. sublimate in the former, the warm bath, and various lotions and ointments. Of the last named, the red precipitate and citrine were the most useful. Of the lotions, one made of corrosive sublimate, from one to two grains in an ounce of water, was by far the best, and during the several terms of treatment the cure was not effected until it had been applied. The eruption then soon began to wither; and when cured, no other relapse occurred to my knowledge. Like treatment locally was best for the ordinary ringworm, herpes zoster or shingles, acne, and impetigo. For urticaria, if induced by improper drinks or diet, as fish, sour fruits, and red wine of Minorca, emetics and cathartics were prescribed, of which epsom salts and tartar emetic to produce a double effect of purging and vomiting, or magnesia to act as an antacid and purgative, were preferred. For urticaria induced by heat of weather, or by excessive exercise, no application was comparable to aqua ammoniæ applied with a sponge to the affected parts. Though stimulating and pungent, it gives instantaneous relief, and hardly needs reapplication. It produces a like effect in other eruptions and external inflammations—erythematous, erysipelatous, and miliary; and even in gouty inflammation of the feet, I have used it with great success. At the same time that it re-

moved this it kept up such excitement of the parts as to prevent it from becoming retrocedent. The action of ammonia is certainly very peculiar; though it stimulates, it also cools, seems to have the power of causing a disgorgement of the capillary vessels by inducing their contraction, and of producing a sedative action in them, and thus to relieve inflammation. Ammonia, moreover, by its rapid evaporation, carries off a great deal of caloric from the parts whereon it is applied, and by that means too acts remedially. But care must be taken that it be not of full strength, and is diluted with water appropriately to the case under treatment. Otherwise excoriation and unnecessary pain may be caused. When this is intense, some spirits of wine, brandy, or whiskey added to the ammonia increase its efficacy.

Scarlatina was seldom encountered, and it always happened, in the United States, during the winter, and on the eve of departure. There was no reason to believe it originated on board ship, but that it was brought from shore. In its nature it differed as it does on land. Some cases were mild, attended with slight fever and eruption; others were accompanied with high excitement at first, then by great prostration. Such was the fact with a seaman of the Brandywine at New York, who died there of scarlatina. In him it was of the most inflammatory kind, in the commencement. His pulse was very full, strong and rapid, v. s. was demanded, but soon after it his system sank, delirium came on, putrid ulceration of the throat occurred, sordes collected on the teeth, and he died on the fifth or sixth day after he was taken sick. His death, however, may be in part ascribed to his being overlooked on the second day after his admission on the list, from his having kept in an obscure place, not applying for further attention, and from the very great number of other patients to be prescribed for during the intensely cold weather we were then suffering. Most of the other cases which occurred were mild, attended with little or no fever, with a white furred tongue, having red papillæ projecting through its fur, and slight inflammation of the skin and throat, and required only laxatives, mild diaphoretics, and astringent gargles, as of alum, borax, sage tea, and tincture of myrrh, to be cured. But after the ship got to sea, another man, who had his throat very much inflamed

and swelled, suddenly sank into a typhoid state and died. He had been unwell a month, was convalescing it appeared, but being confined on the berth deck with a number of persons ill of typhus fever, he evidently was infected with it, had symptoms of pneumonia, and was so much surprised when he heard that the captain's cook, in a cot near his, had just died of the former disease, that he lost all hope, repeated what he heard, "the French cook is dead," sank upon his pillow and died within an hour. He was a novice at sea, and not possessed of the fortitude and peculiar buoyancy of spirit belonging to sailors. Of all eruptive disorders, the most common, the most afflicting among them, is small pox. In all places, in all climes, they suffer from it, and of six ships of war in which I have cruised, it infected the crews of three. Three of them escaped by good luck, if not by precautionary means, but one, the United States, got it on board three times, once before she left New York in 1836, and twice during her cruise in the Mediterranean during that and the following year. The first time, only one case happened, from its being sent to the naval hospital as soon as detected. By the same precaution the Brandywine had previously got rid of the disease, at the same place, and the Delaware was equally fortunate in doing so, at Rio de Janiero. In the last instance, for want of a better place, the patient was put beneath a tarpolin tent pitched for him on a large rock, called Rat Island, opposite the city, and there treated until well. A man who had had small pox attended him, no one else than he and myself were allowed to go on the rock, and though the patient had had the primary fever and staid in the ship four days afterwards, no other person got the disease. This may be attributed to its having been modified by vaccination, of which he had a good mark on his left arm, or to the persons who were near him having been protected, or being insusceptible otherwise. He himself caught the disease merely from being on some barrels with a negro man whom he found on the island of Enxados, and conversed with for some time. The negro was convalescing, and had so little the appearance of having had small pox, that my patient did not think of danger, and allowed him to sit only a foot or two from him; nor did the latter make known these facts until two days had elapsed after he was seized with the primary symptoms, the pustules had

been developed and strict enquiry was made of him regarding exposure to the complaint. Hence the cause of his not having been sooner sent out of the vessel and quarantined.

She also had a like lucky escape from contagion after her arrival in the Mediterranean. A store-ship brought a case of small pox into the harbor of Mahon, and anchored near her and held communication. The case was reported to Commodore Morris, as one of a doubtful character; I was sent to see it and found the patient as scabby as Lazarus, and could not refrain from expressing my astonishment that there should be any doubt of the nature of the case. It was reported to the Commodore, intercourse was prohibited with the store-ship, and though her commander denied the man had small pox, at my recommendation, he was sent to the Lazaretto, in charge of a man protected by vaccination, but who being not entirely so, became infected with varioloid, and had a moderate attack. This proved positively the character of the complaint and it was further proved by inquiry, and ascertaining that a case of varioloid had occurred in the above ship, a few days after she left home. In what manner she obtained pratique at Gibraltar, and again at Port Mahon is still a mystery, and it is uncertain whether it was owing to connivance on the part of the quarantine officers, their being uninformed of the cases which had occurred, or to the nature of the disease not being understood by the medical officer and others of the vessel infected. By keeping the patients in the Lazaretto until well, and then, according to my custom, by burning all things belonging to them, the squadron escaped greater contamination. Of the good effects of separating the sick from the well, and of the contrary from not doing it, proof was afforded on board the United States. While lying in the port of Alexandria a marine on guard at the star-board gangway saw a shore boat approaching with several Egyptians in it. One had marks on his face of recent small pox, the boat was hailed and ordered to keep off, but she got to the foot of the ladder before she did so, and within fifteen or more feet of the sentinel. A week after, the squadron left port he was taken sick of varioloid, got well in a few days, but infected a seaman with genuine small pox. Fortunately the ship arrived at Mahon before it attacked him, he was sent to the Lazaretto, where he staid three weeks, and had the disease in

the confluent form. Yet by observing the precautions mentioned no one got the disease from him.

Of the bad effects of not excluding patients ill of it from the sound, an instance happened during the subsequent winter at Smyrna. A mulatto seaman in watering the frigate there, got small pox from some of the natives at the fountain. At the same time he was seized with a violent catarrh, or influenza, then universal in the crew, and had the other complaint so masked that he was treated for the latter several days, and until by the approach of a lamp, near his face, the eruption was discovered by me on his forehead. As soon as this occurred, he was put out of the sick bay, which was in the bow of the vessel, and hung in his cot on the outside. From there he was soon transferred after some difficulty in getting permission, to the gun deck, and near the fore hatch. Deeming that an improper place for him to remain in, as many men hung their hammocks near him, and having in vain recommended his being sent on shore, I applied for the poop cabin which was vacant, to accommodate him. The commander tried to prove that the disease was more apt to spread from there, than the gun deck, and resisted all persuasion. At last on my informing him that he must then take the responsibility, and I would send a letter to that effect, he yielded and the man was put into the cabin. It was too late, he died in a day or two, and was thrown through a port hole into the Egean sea. A sailor who had slept next to him on the gun deck, got the natural small pox from him, and before and after the ship reached Mahon, and we were able to separate him from the crew, and send him to the Lazaretto, ten others, eight men and two officers, were infected.—From a precisely similar circumstance, the small pox got on board the Macedonian on the eve of her departure from Brazil, in September, 1828. Two merchant seamen, at Rio, came to her for passage home. One was Freeman, a mulatto, and in two or three days afterwards, on his presentation at the table of Surgeon B. Ticknor, who was prescribing for the sick on the gun deck, he was found to be feverish, to have his forehead swollen and covered with variolous pimples. The surgeon forthwith got up, and reported the case to Commodore Biddle, who sent the patient without delay to the city hospital. The frigate left port, the south east

trade wind soon arose, swelled her sails, and wafted her homeward; she bounded over the waves, dashing the snow white foam far from her sides. All hearts were glad, the merry sailors in the evening collected on the forecastle, and danced to the inimitable music of Miller, the sailor fiddler, and Jack Williams, a lively young negro, capered a jig to the admiration of every bystander. The next evening the same merriment was repeated, but the day after, an invalid, James Grant, who was consumptive, and had been sent from the corvette Boston to go home in the frigate, was seized with small pox. He was in no manner protected. He had neither been inoculated nor vaccinated, and most unluckily had had his cot hung in the sick bay next to the hammock of the infected mulatto. This apparently trifling incident proved a most disastrous one. Grant had the disease in the most terrible manner, the pocks on his face perfectly coalesced, became almost black, and his whole body seemed to have become decomposed, such was its fœtor. It was in vain that he was put behind a screen, abaft on the starboard side of the gun deck, and there only approached by the nurses and medical officers. The whole ship was tainted, the air even in her fore chains, outside of her, smelt of him, and every one in her liable to the contagion became affected. Inoculation was resorted to for protection as soon as the scabs could be had. On the 14th day he died, was quickly wrapped up, and lashed in his cot, with four 18lb. shot in the foot of it, was pushed over a gun, and thrown into the sea, through one of the nearest ports. No one save attendants witnessed the burial, and after all the articles used by him had been thrown after him, the deck was cleaned and sprinkled with vinegar.

After such care we hoped no other case would happen. The crew the day after had become as jolly as ever, and Miller's music was again heard. A sudden stop a second time was put to it. On the fifth day after Grant's death, Moses Nicholas, cook of the cockpit, was seized with the fatal disease, which was so violent that the eruption was suppressed, his skin became covered with numerous little pimples like those of flee bites, and he died on the seventh day, vomiting and purging blood. While he was gasping for breath, the jolly Williams, a fellow cook, who had the primary fever, got out of his hammock,

sat upon a shot box, and seeing his friend expiring, cried out, "a fair word to you Moses!"—returned soon to his hammock; in a few days he died of the fell disorder, and was likewise consigned to the deep. Five others shared the same fate, some after a short illness, others after a protracted struggle. Of the former was Samuel Parker, a marine, whose skin became purple, put forth no pustules, and lost its cuticle in large flakes. Of the latter was Alfred Curtis, a sergeant of marines, who lingered a month, and died after suffering greatly from an enormous sloughing ulcer at the lower part of his loins, which had reached a large size before he complained of it, and it was discovered. Previously he had had ulceration of the left leg, and subsequently a large abscess burst beneath the chin. Altogether forty of the crew and officers took small pox in some form, from the mishap of taking Freeman on board. Of that number, seventeen had it naturally, three had it modified by inoculation, and twenty by vaccination. Some of these persons had it very lightly; one of them would not keep from duty, nor come on the sick list, and several had merely slight fever and a few pocks which soon disappeared. Of the crew more than a hundred were inoculated as soon as the virus could be got, and only one of that number had the disease. But several afterwards had headache, pain in the loins, and immense scabs upon the parts inoculated. That on the arm of the first lieutenant, the present Commodore Salter, continued to grow until it was about the size of a half dollar, and yet he had no observable constitutional affection. The effects upon myself were simply languor and uneasiness in the loins. No one of those protected died, and those who were so by vaccination had the mildest symptoms.—Desquamation in the latter came on soonest, and, in the worst cases, was completed in a few hours. Most of the natural cases were confluent, but one of them, that of Alexander Neale, or young Turner, seaman, was remarkable for the very small number of its pustules, and their great perfection. He got well, and when with me in the Delaware, twelve years afterwards, retained no visible marks of small pox, which cannot be asserted of many who had only had varioloid. The last person who took the disease in any form was admitted on the sick list upon the 30th of September, or the fifteenth after the death of Grant. Thirty

of the cases occurred within ten days from it, and within twenty from the time of the eruption being well developed upon him.—We may therefore conclude that the period of incubation was on an average ten days, though sometimes not so long, as in himself, who shewed the eruption nine days after it appeared upon Freeman, unless the former caught the contagion from the latter during the primary period before the eruption was detected.

Treatment.—From the oppressed condition of the patients, and the malignant type assumed by the complaint in some of them, depletion was mostly avoided; no blood was drawn from any one, the bowels were gently evacuated with castor oil or epsom salts, and calcined magnesia; an emetic was given in four of the cases, three of which were cured; cream of tartar in solution for a drink, pills of calomel, pulvis antimonialis and opium were administered frequently. Sometimes the last was left out, and spirits of nitre and camphor were used. To remove the very acute pain in the loins, suffered in most cases, laudanum in large doses was prescribed. When the sick became prostrated, port wine sangaree, and an infusion of powdered cinchona, flavored with elixir vitriol and tincture of cinchona, and having a fourth part of whiskey added to the water, were taken. The diet was farinaceous, consisting of rice and tapioca, chiefly, and cooling drinks were allowed. As much attention as possible was paid to the general comfort of the sick, their mouths were freed of the viscid saliva collected in them and the fauces; their clothes and bedding were changed,their bodies washed; lead water and dressings applied to sore parts, and the three medical officers besides the care they took of the sick during the day, divided the night into as many watches, and attended to them during it, the surgeon taking the first one, assistant surgeon Henry S. Coulter, and myself, the mid and morning. But the sick were so crowded, on the gun deck, where all the worst cases were hung in cots and hammocks, to escape the heat on the berth deck, rendered greater by the ship being between the tropics, and crossing the equator, that it was impossible they could all be made comfortable. The want of enough good bedding, the necessity of using linen almost as coarse as sail cloth, and a tempest of three days duration, from the south west, and near the line, rendered that more difficult. We were also

not provided with as good a supply of medicines, provisions, and other necessaries for the sick, as we should have been, had such an epidemic been anticipated.

In this way, then, we must account for the large proportion of deaths among those affected with natural small-pox; which, including that of Freeman, who was said to have died on shore, amounted to nine, or fifty per cent. In the treatment of the cases which subsequently in various stages fell under my special care, the rule observed was to remove the most prominent symptoms as they occurred. If action was high, blood was drawn, generally, or locally, the bowels were well evacuated with epsom salts alone or combined with tartar-emetic. This was given afterwards, in the quantity of one-eighth of a grain with half an ounce of the spiritus mindereri every hour during the continuance of the primary and secondary fever, anodynes, as laudnum and sulphate of morphia in the dose of one-eighth of a grain were taken to procure sleep and relieve pain; and lemonade, cream of tartar in solution, rice and barley water, and flaxseed tea, were drank freely. Rice boiled in milk, soup, arrow-root, and other farinaceæ were allowed for diet.

In most cases a weak solution of acetate of lead in water was applied to the eyes to remove swelling and diminish the inflammation; gargles of stewed molasses and vinegar, borax, sage tea and honey, and of tincture of myrrh and alum and water, were used sometimes, and applied to the fauces to subdue irritation and remove the swelling, as well as to clear them of the accumulations of mucus and sordes. The whole body was sponged frequently with warm water, the feet bathed in hot, the pocks, especially those on the face, were early lanced and evacuated, the face was kept covered until well with a rag dipped in camphorated oil, to protect the former from air and light, the mouth was well cleansed, and the apartments of the sick were as well ventilated as necessary. From the severe catarrhal symptoms attending the cases originating at Smyrna, expectorants were given in them, and a solution of liquorice and tartar emetic was found best adapted to them.

Severe local pains were relieved by leeches, and these were frequently applied to the temples and loins, which were always much affected in the worst cases of small pox.

By the above treatment, altered according to circumstances, the seaman, Wm. Reed, who caught the disease at Smyrna, was the only one who died, and his death may properly be ascribed, in part, to the small-pox having been preceded and accompanied with the influenza, which fixed itself on the lungs and larynx, masked the more dangerous affection; and rendered a greater loss of blood necessary than would have been drawn had he been affected with small-pox alone. He was bled three times within the first four days of his illness, had six leeches applied to the larynx, twelve to the small of the back, and sixteen to the temples, to relieve him of delirium. Altogether he lost from the arm forty-six ounces of blood, and about seventeen from leeches, reckoning that each one drew half an ounce, which is a moderate allowance for them. Notwithstanding the loss of so much blood, the inflammatory symptoms kept up almost without intermission; the face and throat swelled, the pustules formed and were confluent, on every part of his body, and he lived ten days after he was taken under treatment.

On Obstruction of the Pharyngeal Orifice of the Eustachian Tube. By Jno. Neill, M. D., Surgeon to the Pennsylvania Hospital.

The accompanying wood cuts represent a condition of the pharyngeal orifice of the Eustachian tube, which I believe has hitherto been overlooked. There will be seen in each of the specimens figured, a growth which completely overhangs and occludes the orifice of the tube, from its posterior and superior border.

Fig. 1.

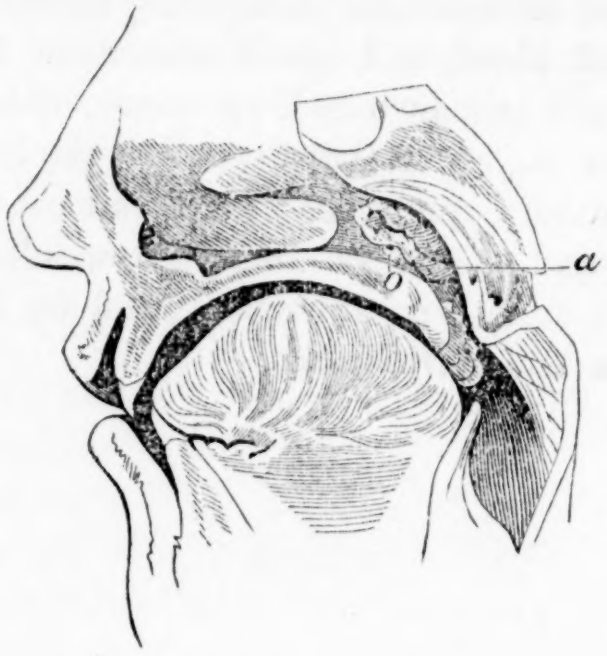

Fig. 1, a. The growth seems to consist of a thickened fold of mucous membrane, in which the mucous follicles are very distinct.

Fig. 2.

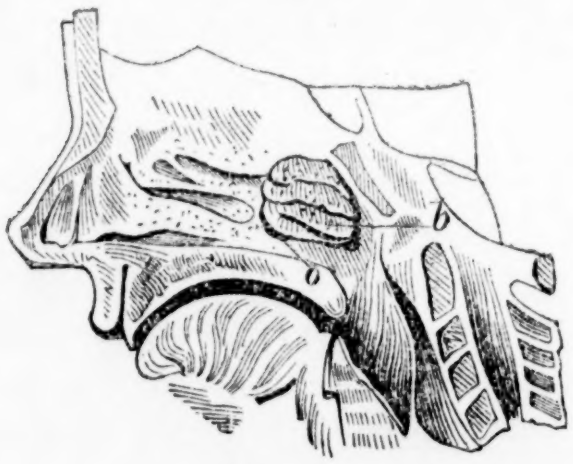

Fig. 2, b. The structure resembles more in appearance and in size the tonsil, but when carefully examined, is found to be com-

posed of several folds of mucous membrane, thickly studded with mucous glands.

Fig. 3.

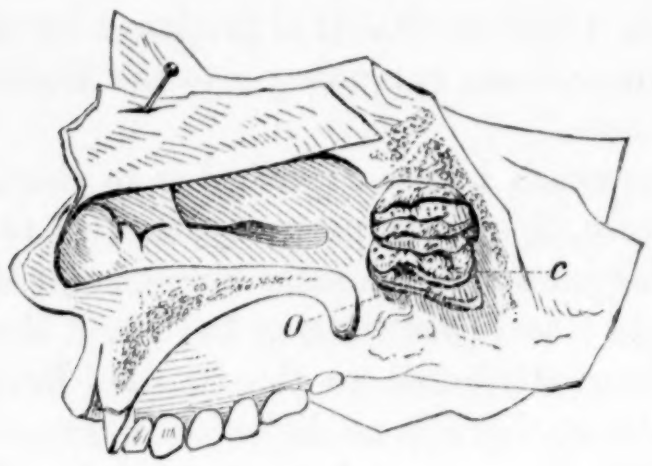

Fig. 3, c. This mass also resembles the tonsil in structure, presenting those wide-mouthed follicles which are characteristic of the gland.

The subjects from which these specimens were obtained were not known to be affected with these peculiarities previous to death, nor were they selected for the purpose of illustrating this condition; and, therefore, it is either a remarkable coincidence that this pathological formation should be found in three instances under such circumstances, or it is to be inferred that the condition is a very common one.

I am inclined to think that this condition of the orifice of the tube exists quite frequently, especially in children, and that it is a common source of temporary deafness.

How many cases of deafness in children are considered to be dependent upon enlarged tonsils, and yet how few are the instances in which the tonsil is sufficiently enlarged to encroach upon the orifice of the tube? In fact, the distance between the tonsil and the orifice is so great as to induce some to believe that enlarged tonsils are never the cause of deafness; and yet we certainly do find this enlargement coexistent with deafness, though it may not be the cause of it. Mr. Wilde says, "I have never seen a preparation showing the greatest possible degree of enlargement of the tonsil, in which it pressed upon the trumpet-mouth of the Eustachian tube. Anatomists will, therefore, find it as difficult to believe that enlarged tonsils produce deafness, as practical

surgeons to believe that their removal can in any way relieve the loss of hearing. Even in cases of cynanche tonsillaris, when so large a collection of matter forms in the gland that suffocation threatens, there is no deafness. When deafness co-exists with enlarged tonsils, I believe that it is produced by the thickening of the mucous membrane extending into the Eustachian tube or into the tympanum."

The structure which I have described is so closely allied to the tonsil in its nature, that it is perfectly natural to suppose that it would be enlarged under the same circumstances by which the tonsil is enlarged; and thus we may have in it the real cause of deafness so often attributed to the tonsil. Besides, from the nature of the tissue, there is no difficulty in supposing that this hypertrophy of the mucous membrane around the orifice may exist, independently of any enlargement of the tonsil. That this structure is a hypertrophy of the mucous membrane is evident from its existing on both sides in each case, whereas, were it a polypus or an epithelial formation, it is hardly probable that it would occur on both sides at the same time.

It is somewhat remarkable that such a structure has not been noticed in the frequent catheterizations of the tube. In two of these specimens the orifice (*o*) was so concealed that a probe could not be introduced from the pharynx even, without elevating the overhanging mass, and it would have been next to impossible to have introduced a catheter in the ordinary manner to determine the permeability of the tube.

The usual mode also of determining the permeability of the tube, by closing the nostril and mouth and making forcible expiration must fail, when such a condition of the orifice exists, although the upper part of the tube be entirely free from constriction. Forcible expiration, would, in fact, force this growth more tightly into the orifice, as a cork into the mouth of a bottle.

The position of this morbid structure is such that it cannot be reached by the knife, nor could caustic be applied very satisfactorily through the nose. The only manner of reaching the difficulty would be by a properly curved caustic holder introduced through the mouth.

Inspection of these specimens may justify the following reflections.

1. That there is a pathological condition of the orifice of the Eustachian tube hitherto not described.
2. A form of deafness may depend on its existence, which has been ascribed to enlarged tonsils.
3. An explanation of a difficulty sometimes preventing catheterization of the tube.
4. The true mode of cure in such cases.

On the Treatment of Tape-worm by the Oil of Pumpkin-seeds.

By Henry S. Patterson, M. D., Professor of Materia Medica in the Medical Department of Pennsylvania College.

In the Medical Examiner for October, 1852, I reported a case of radical cure of Tænia by the use of an emulsion of pumpkin seeds, after the Ol. Terebinth, and even Kousso had signally failed. Several other cases have been reported, both before and since mine, all going to establish the efficacy of this new remedy. Should it prove as generally successful in expelling the worm as the cases indicate, it will become a valuable accession to our means of treatment in a troublesome and often obstinate affection.

The seeds of the common pumpkin (*Cucurbita pepo,*) consist of a leathery white envelope, enclosing an oily albumen of a slightly greenish tinge. They are inodorous and have a sweetish, mucilaginous taste. Rubbed up with warm water or milk, and sweetened, they form a very pleasant emulsion; and this is the way in which they have generally been administered. They abound in fixed oil, which is readily yielded on expression, and appears to be the only constituent of any importance. Conceiving this oil to be the anthelmintic principle, I determined to use it in the first case of Tænia I should encounter. A quantity was obtained, by cold expression, by our accomplished pharmaceutist, Mr. Frederick L. John, of Race street. From four lbs. of the seeds he procured ℥xiv of oil, but he has no doubt that, if the operation were conducted on a larger scale and more carefully, the yield would be from thirty to forty per cent. The oil is clear, transparent, of a light brownish green color, with a slight oily odor, and a perfectly bland taste, like that of the oil of sweet almonds. It has now been kept some ten months, (in well-stoppered bottles,) and is perfectly sweet and bland.

No case of tænia has occurred in my own practice, but in May last I learned from Mr. Jno. C. Lyons, an intelligent member of the medical class of Pennsylvania College, that a poor woman in his neighborhood (Kensington) labored under the disease, and had asked his advice. I requested him to use the pumpkin-seed oil; which he did, and with the happiest result. Causing her to fast rigidly for twenty-four hours, he gave her ℥ss of the oil in the morning, and in about two hours ℥ss more. This produced a slight disposition to looseness of the bowels. In two hours after the last dose, ℥i of castor-oil was given, and purged freely, bringing away a considerable quantity of the worm. From that period until the present, (September,) she has remained entirely free from every symptom of verminous irritation, and there can be no doubt that the worm was altogether destroyed.

Tænia is of so rare occurrence with us, that no individual practitioner sees enough of it to enable him alone fairly to test any medicine. I therefore beg leave to call the attention of my medical brethren to a remedy readily obtained, cheap and pleasant, and which I believe will be found quite efficient.

On the Dormant Vitality of the Tobacco Seed. By W. S. Stoakley, M. D., of Northampton county, Virginia.

A gentleman in my vicinity informed me that in cultivating his land, last spring, he had occasion to plough it very deep, and in doing so, he came in contact with something beneath the surface, which he found by examination to be a brick wall, the ground-work or cellar of a building. Wondering that he had not discovered this before, (the land having been cultivated for a number of years by him and this having lain there unobserved up to this time,) he came to the conclusion that it might be a bank of excellent manure. He resolved to cut it out. He did so. After digging several feet below the surface, he came to this layer or *stratum* of manure (a mixture of lime and earth) which he immediately carted out into his field. In a short time he observed, where he had placed this manure, a beautiful and thrifty plant, which, after it had attained some size, he found to be a Tobacco plant, the seeds of which must have lain dormant "up-

wards" of a century. For it has been longer than that since tobacco was raised in this county. *

The farm on which this "subterraneous wall" was found, was *first purchased and paid for*, in *tobacco*, as will be seen from the following note from "Howe's History of Virginia:

"The labor of the colony, which had been for a long time misdirected in the manufacture of ashes, soap, glass, and tar, in which they could by no means compete with Sweden and Russia, and also in planting vines, which require infinite labor and attention, and for which subsequent experiments have indicated the climate to be unfit, was at length directed, by the extended use of *tobacco* in England. almost exclusively to the cultivation of that article. This commodity, always finding a ready price, and affairs being now so regulated that each one could enjoy the fruits of his labor, was cultivated so assiduously as to take the attention of the planters too much from raising corn, so that it became scarce, and supplies had again to be looked for from England, or purchased of the Indians. The fields, gardens, public squares, and even the streets of Jamestown, were planted with tobacco, and this becoming an article of universal desire, it became, to a great extent, the circulating medium of the colony. Not only private debts, but salaries and officer's fees were paid in tobacco; and the statute-book, to this day, rarely mentions the payment of money, that it does not add, as an equivalent, 'or tobacco.'"

Now, you will perceive from this, that it is probable that the seeds of this plant may have lain dormant for more than two hundred years. This wall, with which these seeds were *buried*, was on a portion of the farm that had been cultivated by past generations, and had not been discovered up to this time. Is it not possible that they may have lain buried from the first settlement of this part of the State?

I send this to you, Messrs. Editors, as an illustration or verification of an interesting physiological fact. "It is not sufficient that the organizable material be perfect; the influence of certain external agents are requisite to call into action the peculiar properties of the organized structure, viz: heat, light, moisture, electricity," &c.

* It was once the principal staple, but has not been planted for years.

BIBLIOGRAPHICAL NOTICES.

A Practical Treatise on the Diseases of Children, by J. Forsyth Meigs, M. D., Lecturer on the Practice of Medicine in the Philadelphia Medical Association, etc., etc. *Second Edition, Revised and Enlarged.* Philadelphia, Lindsay & Blakiston, 1853. pp. 711.

This work is a republication, with considerable additions and modifications, of one of the series of "The Medical Practitioner's and Student's Library." The original edition having been exhausted for some time, a second has now been brought before the profession as a separate and distinct treatise. The additions consist of an Introductory Essay on the Clinical Examination of Children, and an article on Atelectasis Pulmonum, or imperfect expansion of the lungs. The articles on Croup, Bronchitis, Pneumonia and Scarlet Fever, have been entirely re-arranged and in many parts re-written; that on Measles has been much added to; and the subject of Tracheotomy in Croup has been discussed at considerable length.

The essay on the clinical examination of children is a very proper, we might almost say, a necessary introduction to a work of this kind. The diagnosis of infantile affections is replete with difficulties to the young practitioner, and these can never be overcome unless he knows what to observe and how to conduct his examination. The whole article will repay a careful perusal. We would particularly commend to the reader's attention, the passages under the head of "The Cry," and "The state of the cutaneous surface," as containing much valuable information. It is evident that Dr. Meigs has paid great attention to the subject of Semeiology. His Essay is not a mere digest of the opinions of authoritative writers upon the subject, but is replete throughout with remarks which show accurate and careful observation.

No physician of the present day should be ignorant of the important part, Atelectasis plays in the diseases of children. Its frequent occurrence in early childhood from various causes, and its connexion with Catarrh and Bronchitis, are admitted by all

who have studied the subject. Dr. Meigs makes two divisions of the affection. 1. Congenital Atelectasis, in which larger or smaller portions of the lung have never been penetrated by the air: a continuation, in fact, of the fœtal condition; and 2d, Collapse of the lung or post-natal Atelectasis. As a sample of his mode of treating the subject, we extract the following:

"When, as indeed, most usually happens, collapse occurs in the course of bronchitis, it is associated of course with the symptoms of that disease. The bronchitic symptoms have lasted in their usual form for several days, having been marked by sonorous, sibilant, and subcrepitant râles, when suddenly, or in the space of a few hours, the breathing becomes much worse, the pulse rises in frequency but becomes small and feeble, and certain changes take place in the physical signs which are very important. The subcrepitant râle continues to be heard, but it is associated now with prolonged expiration, and a little later with bronchial respiration, which, however, is of a different kind from the bronchial respiration of pneumonia, being distant and smothered, instead of near and metallic, as in that disease. The percussion becomes at the same time, dull and obscure, but never, scarcely, to the same extent as in pneumonia. The general symptoms are those of exhaustion, rather than of high reaction. The surface is pale or slightly bluish, the skin is either natural, slightly warmer than usual, or coolish, the strength is very much reduced, and the child appears more seriously ill, and particularly more oppressed often than the amount of bronchitis present would seem to explain."

The causes, symptoms and anatomical appearances of both forms of the affection are described with great fullness and precision. In the treatment of collapse, he recommends warmth, nutritious diet, the use of mild stimulants and tonics, and the external application of revellents. When it occurs in the course or towards the termination of severe bronchitis, in addition to the above, he advises the application of dry cups or mustard poultices to the chest, and the use of emetics two or three times daily, unless they are found too exhausting. Electricity and insufflation of the lungs are not mentioned. In regard to the latter, MM. Rilliet and Barthez state that it is difficult to imagine that it can be hurtful in Atelectasis. They state their belief also, founded on Joerg's experiments, that carefully used in the first few days of the disease and following the inspiratory movements, it would be able to restore the lung to its normal condition. In the paroxysmal form of the disease, where other means had been used unsuccessfully, we should think it well worthy of a trial.

Dr. Meigs fully adopts the views of MM. Legendre and Bailly,

regarding the nature of what was formerly termed lobular pneumonia. Their researches, with those of Dr. Gairdner, and his own investigations of the subject, have convinced him that in the great majority of cases, the affection in question was bronchitis complicated with collapse of the lung and not inflammation of the pulmonary parenchyma.

In relation to the views held by writers previously to the discovery of the true pathology of this disease, he says:

"The peculiar character of the lesions met with in many of the supposed cases of pneumonia, had often drawn attention and been commented upon, before their real nature came to be understood. The points of difference between these alterations and those of true pneumonia, were particularly noticed by MM. Denis, De La Berge, Rufz, and MM. Rilliet and Barthez, and Dr. West. In fact, M. Rufz, and MM. Rilliet and Barthez, both approached very near the truth in regard to these lesions, each comparing them, but the former at an earlier period than the latter, to the condition of the lung of a fœtus that has never breathed. The latter writers, in their article on pneumonia, have described a condition of the lung which differed so much from ordinary pneumonia, as to create a great difficulty in their minds as to its true nature, and to it they applied the term carnification. They were on the very verge of detecting its real character; they did in fact suggest its real character, but were so possessed with the idea that it must be the result of some inflammatory action, as to neglect to pursue their own suggestion, but endeavored to explain the condition on the ground that it was 'one mode of termination of pneumonia or else chronic pneumonia.' The following passage, quoted from their work (T. 1, p. 74), will show how closely they approached the truth: 'The first idea that enters the mind on examining this tissue (carnification), is, that it resembles the lung of a fœtus that has not breathed; we should feel inclined to say that the pulmonary vesicles had not yet been dilated under the influence of the thoracic expansion, and had not, therefore admitted air into their interior, or rather, it would seem as though they had been obliterated by some attack of disease, perhaps inflammation, without, however, remaining engorged, and after having lost the power of dilatation.'"

We regret that he makes no mention here of Dr. Gerhard's valuable paper on the pneumonia of children, published in 1834, in the American Journal of the Medical Sciences. This, be it remembered, was four years previous to the issue of the treatise of MM. Rilliet and Barthez. In that paper, second series, Dr. Gerhard accurately analyzed the symptoms, physical signs, and anatomical appearances of twelve cases, occurring in children between two and six years of age, of what he then styled pneu-

monia, but which were, without doubt, cases of bronchitis combined with collapse of the lung. The results he obtained were highly interesting and unexpected. The essential nature and cause of the lesion found in every instance, and to which he gave the name of lobular induration, were evidently no more understood by him than was carnification by MM. Rilliet and Barthez. It is now known that Dr. Gerhard was too exclusive in his restriction to children above six years of age, of pneumonia, as it is found in adults. With this reservation, his paper, by far the best of its time, may be consulted even now with advantage.

Of Pneumonia, Dr. Meigs makes two divisions, lobar and partial, preferring the latter term to that of lobular for obvious reasons. During the last four years he has observed 37 cases. Of these 33 were primary and 4 secondary; 19 occurred in children under five years of age; 18 between five and eleven years. In two cases there was double pneumonia, unilateral in all the others; 13 had the upper lobe affected, and 20 the base; of 50 cases, 37 of which were observed during the last four years, two died. The treatment is the same as that given in the first edition.

The subject of Scarlet Fever seems to be a favorite with Dr. Meigs, as he has devoted sixty-four pages to its consideration. He discards, we think without good reason, the old distinctions of simple, anginose and malignant, and substitutes for them the terms mild and grave, according to the severity of the disease. Of the former, mild, he has had 144 cases; of the grave 41, of whom 23, or 57 p. ct. died. The whole subject of scarlet fever, its complication, sequelæ, and treatment are fully and elaborately discussed.

In closing our brief notice of Dr. Meigs' work, we have great pleasure in bearing testimony to its high merit, and especially to the improvements introduced into the present edition. There is certainly, now, no work in the language in which the leading diseases of children are more agreeably, clearly, and faithfully delineated. And, in expressing our regret that some affections peculiar to childhood, have been unnoticed, we feel bound to admit the force of the author's apology for the subjects untouched—"the want of time and opportunity to make use of the materials he has collected." In a succeeding edition, "he hopes

and expects to fill up the omissions of the present one;" and we have little doubt that the fulfilment of this pledge will be called for at an early day.

Practical Observations on Aural Surgery and the Nature and Treatment of Diseases of the Ear. With Illustrations. By WILLIAM R. WILDE, Fellow of the Royal College of Surgeons in Ireland, Surgeon to St. Mark's Ophthalmic Hospical, etc., etc. Philadelphia: Blanchard & Lea, 1853, pp. (with Index,) 475.

Of this valuable monograph we may most unhesitatingly say, in the language of the American editor, "that it will fill a void in our medical literature which has long been felt, and which no work published in this country has ever been adequate to fill." Aural Surgery has, indeed, as the author well observes, been long encompassed with a shroud of quackery, medical as well as popular; and we hail, with no ordinary satisfaction, the appearance of a work, in which a successful attempt has been made, "to lay down just principles for an accurate diagnosis of Diseases of the Ear; to rescue their treatment from empiricism, and found it upon the well established laws of modern pathology, practical surgery, and reasonable therapeutics."

The qualifications of Mr. Wilde for the proper discharge of the task which he undertook in the Treatise before us, are thus graphically portrayed by his friend and former pupil, the American editor, Dr. Addinell Hewson:

"Possessed of extraordinarily quick perceptive faculties, highly cultivated by early discipline and use, of mature judgment and consummate skill, of untiring zeal and industry, and of high literary attainments, few surgeons have had better opportunities, or could have made better use of them, than Mr. Wilde. St. Mark's Hospital for Diseases of the Eye and Ear, the field of his public labors in these branches, is an institution of his own creating, which has been in operation nearly ten years, and is now one of the largest and best conducted of the kind in Great Britain. All those who have had the good fortune of attending his clinics, and observing his practice there, will willingly bear testimony to their admiration of his talents."

We should be glad to be able to quote at length Mr. Wilde's forcible allusions, in his Introductory chapter, to the reprehensible neglect with which the subject of aural diseases has so long been

treated by medical men. Our management of this class of affections has, indeed, been characterized by an empiricism, of which we should feel heartily ashamed in prescribing for the lesions of other organs of the body. We have been content, (as Mr. Wilde remarks, with a justness which we are satisfied our readers will generally acknowledge,) "theoretically to believe, and practically to observe, that we know nothing about the diseases of the organs of hearing." And we fear, that but too many of us must recognize a faithful portraiture in his witty description of the ordinary routine of practice in such cases:

"First syringing with hot water and soap, either Castile, soft, yellow, or old brown Windsor, *in the hope* that the deafness or noise in the ears might arise from a collection of hardened wax;—then setting the digestive organs to rights by purgation, and 'a course of bitters,' lest the affection might be 'owing to the stomach.' . . . . . "Next in order, blistering behind the ears is tried, in order to draw away some peccant humor, that had, perhaps, accumulated round the delicate organ of hearing. These and such like methods failing to give relief, stimulants, often of a very acrid nature, are poured into the external auditory passages, either to restore the reaction,—under the impression that what is a mere attending symptom is the disease,—or to excite or rouse the dormant nervous power; and hot tinctures, turpentine, creasote, and pungent essential oils, are applied to the external surface of the tympanal membrane without mercy. Some practitioners resort to more palliative means, recommending warm almond oil to be dropped into the ear at bed time, or *eau de Cologne* to be rubbed upon the side of the cheek adjoining the auricle, at the same time advising a little black wool to be retained in the meatus, in order to preserve the organ free from cold. To give, however, fair play to the latter remedy, it should be prescribed in full, and according to the old popular superstition, but one which is still extensively resorted to,—the wool should be procured from the left fore-foot of a six years' old black ram! Some advise a slice of fat bacon to be inserted into the meatus every second night; and glycerine is now the fashionable remedy. All these means having failed to give relief, the patient is frequently recommended—an easy mode of getting rid of him—to give galvanism and electricity a fair trial; and if they do not succeed, change of air and scene, sea-bathing, or a 'course of waters' at some of the fashionable places of resort for that purpose is prescribed. Despairing of relief from the legalized practitioner, and getting disheartening opinions from men of eminence and repute, we need not wonder that suffering patients throw themselves into the hands of quacks and nostrum-mongers."

Mr. Wilde's First Chapter is occupied with an extended and very interesting *Bibliography* of aural surgery. Among modern investigators he particularizes Mr. Toynbee as entitled to the first place.

"The labors and investigations of Mr. Toynbee have effected more for aural pathology than those of all his predecessors either in England or on the Continent. He commenced at the right end, and has travelled in the proper direction. He has brought to bear upon the subject the true principles of science, and with the assistance of the microscope,—the aid of every modern artistic appliance to assist him,—accustomed to habits of minute dissection, patient research, and careful observation,—he has accumulated a mass of facts upon the morbid anatomy of the organs of hearing that must lay the foundation for a more rational mode of treating the diseases of those parts than has heretofore been resorted to. Mr. Toynbee has already recorded the results of the dissection of the ears of about 750 persons sent to him for examination, but of which number not more than sixty or seventy were from persons the history of whose deafness was known.

Mr. Toynbee has labored extensively, and with effect, to discover and describe the post mortem appearances which disease has produced in the organ of hearing; and I trust he will long continue to prosecute, with the same avidity, the same honesty of purpose, and an equal amount of critical acumen, his valuable researches. Morbid anatomy, however, is one thing—pathology another. The dead subject upon the dissecting-table teaches the student not disease, but the results of disease. It avails little that the hospital pupil should have pointed out to him, in the dead-room, the violence which sudden accidents may have caused, or the ravages which slow disease has produced in the various organs or textures of the body; it matters not to what extent the microscope may exhibit the wide-spread lesion, or chemical tests disclose morbid products, unless the cases have been observed during life, and the progress of disease previously noted at the bedside. Therefore it is that the School of Vienna,—where a dozen bodies from different parts of the Great Hospital, but the histories of which are unknown, are sometimes cut up, and their post mortem appearances displayed in the lecture-room on a morning,—may, under the able teaching of Rokitansky, Engel, and others, teach morbid anatomy (pathology so called), but does not produce many practical physicians.

Mr. Toynbee's researches prove the position which I long ago advanced, and which from year to year I have been in the habit, not only of teaching theoretically, but practically demonstrating in my clinical lectures,—that the great majority of diseases of the ear producing deafness have their origin in inflammation of one kind or another, Every day's experience confirms me in this opinion; and the cases which I now publish, will, I think, corroborate that view of the subject. Mr. Toynbee has not yet published any separate work upon the ear, but has contributed his observations on the Anatomy, Pathology, and Treatment of the Organs of Hearing to the different societies, and also to the periodicals of London. Among the latter may be mentioned chiefly, the Philosophical and Medico-Chirurgical Transactions, from 1843 until the present date. He has also written several valuable papers in the Medical Times, Lancet, Provincial Journal, and Edinburgh Medical Journal."

A considerable space in the Bibliography chapter is devoted

to the "*Glycerine Cure,*" which Mr. Wilde considers as very much of a humbug. And immediately following his exposure of the worthlessness of this fashionable remedy, we find some apparently well-merited strictures on a charlatanism which has had some run in England, viz., Dr. Turnbull's cure of deafness by the application of veratria to the external meatus and the parts joining the auricle. Mr. Wilde's manly tone on the subject of the aural quackery of the day, within the ranks of the profession, is highly commendable.

Chapter II. relates to *The Means of Diagnosis.* In exploring or operating upon the external auditory passages, we find that he employs the *tubular* specula of Gruber, of Vienna, which are merely "conical silver tubes of different calibres, an inch and a half long, five-eighths of an inch wide at the greater aperture, and varying from two to four lines in the clear at the smaller extremity." In using the specula, he prefers direct sun-light to all artificial illumination, and discards all the instruments with prisms, lamps, &c., as unnecessary. Attempts to dilate the auditory passage by means of instruments, Mr. Wilde justly characterizes as "showing a want of anatomical knowledge in their inventors, for the most any speculum can effect is to straighten the external cartilaginous portion of the tube, and thereby allow the light to play upon the interior."

In connection with the subject of *Eustachian catheterism*, Mr. Wilde (after describing the instrument which he is in the habit of using, and the mode of applying it,) holds the following cautionary language:

"I know few subjects upon which there is more general ignorance than the value to be attached to Eustachian catheterism, or the best mode of employing it. Some writers would lead us to suppose that this operation is of use in a far greater number of aural diseases than, according to my experience, is the fact. In order to facilitate our diagnosis, they would have us explore the middle ear by the air *douche*, a jet of water, or a solid instrument, in almost every case that presents. Errors of commission are, in both medicine and surgery, I believe, of much greater injury than those of omission; and the introduction of a foreign body into the Eustachian tube, forcing a volume of cold air, or injecting a quantity of fluid, even warm water, into the cavity of the middle ear, as some recommend and say they practise, is in nearly all cases, while inflammatory action is going forward in the parts submitted to the process, unnecessary and frequently injurious. Again, the mode in which I have heard both patients and bystanders speak of instruments—cathe-

ters of various kinds, gum-elastic, and metallic, and even solid sounds, some of the latter much larger than the bore of the aural end of the Eustachian tube even in the dry bone—being introduced into the middle ear, in order to explore that cavity, to wash out its contents, or to break up collections of mucus within it, or to dilate strictures and contractions of the tube itself, convinces me that the desired object was not, fortunately for the sufferers, obtained. Even Kramer speaks of pushing a catgut bougie, introduced through the Eustachian tube, "between the handle of the malleus and the incus!" People are, however, beginning to find that this attempt—for I know in many cases it is only an attempt—to force solid or fluid substances into the cavity of the drum, is as ineffectual to remove deafness as the almost indiscriminate excision of the tonsils—since preserved in pickle-pots—recommended for a like purpose a few years ago, has proved to be. I have heard of cases in which the middle ear has been said to be explored by such mechanical means, even in this country, and I have been shown steel sounds manufactured for the purpose. Such instruments are, however, with the exception of the tearing and inflammation which they may cause in the nasal extremity of the tube, harmless, for they could not by any possibility, even in the dead subject, be passed through the upper end of the Eustachian tube. We should bear this rule ever in remembrance before exploring the middle ear; it is one which Sir A. Cooper observed to me many years ago, and I have ever since acted upon it:—Whenever the patient is himself able to inflate the tympanum, never use any artificial means to do so; it is unnecessary and may be injurious. Let me to this aphorism add another, to which I have already alluded, and which surgeons would do well to remember. Where there is reason to believe that the cavity of the drum is inflamed, carefully abstain from all poking with catheters, or any attempt to introduce foreign substances into that delicately-organized portion of the animal machine. As good general surgery teaches us to avoid the introduction of instruments through an inflamed urethra, or into an irritable bladder, so ought judicious aural surgery to teach us to abstain from meddling in the cases to which I have alluded. The only solid instrument with which I now ever venture to explore the Eustachian passage, and that only for a short distance, is an ivory bougie, rendered flexible by having the earthy matter removed by immersion in acid, and the point of which for an inch at least had been previously softened in water so as to resemble a piece of gelatine. A large size catheter should be first introduced, and the bougie passed up through it; but stricture of the Eustachian tube is so exceeding rare, and so difficult to recognize during life, that the surgeon is very seldom called on to practise such an operation."

Chapter III. is devoted to Statistics and Nosology of Ear Diseases. The author here takes the opportunity, in alluding to Kramer's statistical chart and tables on this subject, to express the most unqualified disbelief in the "nervous deafness," to which the Berlin aurist attributes more than half his cases. He

contrasts the results of his own observations, "faithfully taken as they presented at a public hospital, in the presence of, and equally observed by, a number of medical men and intelligent students," with the figures afforded by Dr. Kramer. And, while not denying the great prevalence of nervous deafness, he doubts decidedly the proportion which, according to the German aurist's belief, they bear to the entire mass of diseases of the organ of hearing.

The remainder of the book is of a practical character, and the subjects discussed are in the following order:—1. Diseases of the Auricle, Mastoid Region, and External Meatus. 2. Diseases of the Membrana Tympani. 3. Diseases of the Middle Ear and Eustachian Tube. 4. Diseases of the External Ear. 5. Otorrhœa. We may particularize here as points treated with especial interest, the management of strumous myringitis, (p. 263)—that of accidental perforation of the membrana tympani, (p. 287)—the discussion of the operation of extirpation of the tonsils, (which Mr. Wilde condemns,) (p. 351)—and of the subject of nervous deafness, (p. 361).

In the Appendix, the subject of Deaf-Dumbness is noticed at considerable length, and will well repay perusal. The author does full justice to the efforts of our country in this direction. We quote his remarks with great pleasure:

"We now turn to America, where the claims of the deaf and dumb have not only met with a hearty response from the public, but where the country at large has made ample provision for their maintenance and instruction. So early as 1793 there appeared in the Transactions of the American Philosophical Society, 'Cadmus, or, a Treatise on the Elements of Written Language, and with an Essay on the Mode of Teaching the Deaf or Surd, and, consequently, Dumb to speak.' As I have already mentioned, the number of instances in which national institutions have had their origin in the interest awakened in some philanthropic individual by a mute child, is remarkable. In 1807, the deaf and dumb daughter of Dr. Cogswell, of Hartford, U. S., attracted the attention and enlisted the sympathies of the late Rev. Thomas H. Gallaudet,—a man who united the true principles of charity with distinguished scholarship and unwearied assiduity and patience. He subsequently proceeded to Europe, in order to acquire the art of imparting instruction to the deaf and dumb; and having remained for some time a pupil under the Abbé Sicard, he returned to America, accompanied by M. Clerc, who was then (in connexion with Massieu, the favorite pupil of De l'Epeé) one of the mute assistants of the Parisian institution.

The first institution for the instruction of deaf mutes in America was opened at Hartford in 1817. Since then, no less than twelve other large establishments for a similar purpose have been erected in that country; and the expenses in these are defrayed, like most of those on the Continent of Europe, by a state provision, either in grants of land or money.

The subject of muteism generally, as well as the system of instruction in America, has engaged the attention of the learned and benevolent, and the publications relating to muteism which issue from the press in that country are numerous and valuable. The reports which emanate from the American Institutions, particularly that at New York, are models of their kind. The Rev. W. Gallaudet published some sermons on muteism, a 'Child's Picture, Defining and Reading Book' (Hartford, 1830,) and also some reviews and literary articles relating to the deaf and dumb. Several interesting addresses on that subject have been also delivered on special occasions by Laurent Clerc, Dr. Mitchell, Mr. Lewis Weld, and Harvey Peet. These were subsequently published, and contain most valuable information. Mr. Peet has also written several school-books and elementary works for the deaf and dumb; and to the courtesy of that gentleman I am largely indebted for much information regarding the American institutions, and for an extensive collection of American works relating to muteism. The North American Review for 1834 has a philosophical and admirably written article upon the education of the deaf and dumb, and the Philadelphia edition of the Encyclopædia Americana likewise contains an article on the dumb and deaf. The Christian Spectator for 1837, the New York Literary and Theological Review for 1835, and the Biblical Repository for 1842, also contain articles on the existing state of the art of instructing the deaf and dumb. Tales and poems bearing upon the subject of muteism have likewise appeared from the pens of Mr. Nack, Mr. Burnett, and Mr. John Edwin Mann,—the latter a deaf mute, educated at the Hartford Asylum.

In October, 1847, appeared the first number of the American Annals of the Deaf and Dumb, originally conducted by the instructors of the American Asylum, and afterwards ably edited by Mr. Luzerne Rae,—a quarterly periodical which continues to the present time. This is by far the most valuable publication connected with the subject on which it treats at present in existence."

The additions of the American editor, (who modestly declines the usual editorial distinction of a place in the title-page,) are valuable and judicious. He has appended to the author's observations on Syringing, an account of a useful instrument invented by Dr. Hullihen, of Wheeling, Va., to enable patients, without aid, to syringe out the external meatus for themselves. On the subject of counter irritation, he recommends and describes the *Cantharidal Collodion*, as a desirable substitute for the ordinary

blistering ointment. Malformations of the ear are illustrated by the editor, with an interesting case of Professor Mussey's, of "congenital absence of the meatus auditorius externus of both ears, without much impairing the hearing." Other interesting cases, extracted from American journals, are appropriately introduced by Dr. Hewson; and we notice also a very good manipulative suggestion, from the same source, for the application of caustic solution to the mouth of the Eustachian tube.

The wood-cut illustrations of this work are exceedingly well done; and its general appearance is of the highest style of American publications. It is, emphatically, a good book.

A Treatise on Operative Ophthalmic Surgery. By H. Haynes Walton, F. R. C. S., Surgeon to the Central London Ophthalmic Hospital, &c., &c. *First American from the First London Edition. Illustrated by One Hundred and Sixty-nine Engravings on Wood.* Edited by Squire Littell, M. D., Author of a Manual of the Diseases of the Eye, Surgeon to Wills Hospital for the Eye and Limbs, &c. &c.—Philadelphia, Lindsay & Blakiston, 1853. 8vo. pp. 599, (including Index.)

The remarkably handsome style in which the American edition of this attractive book has been produced, does great credit to its enterprising publishers. Some acquaintance with the London original had disposed us to look with interest for the present reprint, and a closer examination of the latter has more than fulfilled our previous expectations. The notes and corrections of its distinguished editor, taken in connection with its near approach to the English copy in engraving and typography, have rendered it, what reprints always ought to be, decidedly more desirable than its foreign prototype. At all events, the manner in which Dr. Littell has been seconded by the publishers in the getting up of the volume, materially enhances the value of his share of the undertaking, and must rapidly secure the favorable reception which he anticipates in his preface, and considers so abundantly justified by the intrinsic merits of the treatise.

These merits are so clearly and faithfully set forth in a few

words of this preface, that we cannot do better for our readers, or the book itself, than to insert them here.

"It is evidently the production of a thoughtful and independent observer, thoroughly acquainted with his subject, and capable of imparting to others, clearly and plainly, the knowledge which he possesses. The information it contains is, for the most part, accurate and precise, and its preceptive teachings practical and judicious. The reader is not perplexed by the necessity of determining for himself the relative value of different modes of procedure; but is authoritatively instructed in that which experience has proved to be the most appropriate for the accomplishment of his purpose. The sound principles of pathology which it inculcates, derived from the best schools of English Ophthalmology, naturally lead to a rational and conservative treatment. It embodies the results of extensive literary research and close personal observation, under circumstances of rare opportunity; and though of unequal excellence —some parts being more carefully written and more fully developed than others, with occasional discussions also of topics not strictly included in its title—is alike creditable to the author, and a valuable contribution to ophthalmic surgery. It has been very favorably noticed by the leading medical journals of Great Britain, and is the subject of especial commendation by a distinguished authority. 'In the whole range of ophthalmological literature,' says Dr. Mackenzie, in a review which is not sparing of criticism, 'we know of no work that, on the whole, better deserves a place in the library of the surgeon. It is full of sound and practical views, and shows the rapid advances which are being made in this department of the medical art. Most of the cases have occurred to the author himself, and prove him to be an observing and able practitioner. His style is good, being perspicuous and unaffected; and any errors in the book are few and trivial in comparison of the mass of accurate information which it contains.'"

Mr. Walton does not confine himself to a logically strict discussion of the mere operations on the eye and its appendages. He naturally avails himself of the elastic meaning of his title, and treats his readers to something more agreeable and useful than a dull routine account of mere manipulations, which of themselves comprise but a subordinate part of the whole range of operative ophthalmic surgery. In fact, like most of the standard issues from the British press, our author's treatise appears to be much more practical and substantial, than it is formally precise and systematic. While he does not affect to exhaust his subject, either in details or outline, he has nevertheless supplied the working practitioner with an amount of available instruction, in regard to the surgical treatment of the eye, that will not easily be displaced by the elaborate teachings of much more

voluminous guides. We are not inclined, therefore, to complain because in treating of operations on the eye he has incidentally favored his readers with a great deal of interesting information on the pathology, diagnosis and therapeutic management of several injuries and diseases of the visual organs. We consider this liberal treatment of his subject one of the best points of his book, and one that cannot fail to prove in it a great source of popularity, as well as actual utility among the profession of this country.

The twenty-one chapters treat successively—1st. Of the use of chloroform in Ophthalmic Surgery; 2. Of Ophthalmic instruments in general; 3. Of injuries; 4. Of foreign bodies on or in the eye, larvæ under the lids, ossification of the occular tissues; 5. Affection of the eye lids, and of the lachyrmal passages; 6. Affections of the lachrymal outlets; 7. Caries of the orbit; 8. Nævi and vascular tumors; 9. Scarification in chemosis; 10. Strabismus; 11. Tumors; 12. Protrusion of eye-ball; 13. Staphyloma; 14. Conical cornea; 15. Removal of opacities; 16. Cataract; 17. Entozoa; 18. Artificial eyes; 19. Malignant affections; 20. Artificial pupil; 21. Extirpation.

The chapter on the use of chloroform, presents a new feature in the study of Ophthalmic Surgery. The account of it in this instance is clear, concise, and sufficiently full for practical purposes, although we confess that we should have been glad to find some kind of exposé of the positive or approximative therapeutic results from operations under chloroform and other anæsthetic agents. Anæsthesia is still regarded here as a complication not to be desired in most operations on the eye; and we want something more assuring than even Mr. Walton's great experience, to satisfy our doubts as to the ultimate advantages of such an almost indiscriminate resort to chloroform, as he would seem to advocate. "Except the operation for the extraction of cataract," he says, "or the division of the cornea, to a like or nearly equal extent, for any other purpose, there is no operation on the eye in which well-founded objections exist to the previous use of chloroform, or ether, as anæsthetic agents." The objection arises, in the cases mentioned as exceptional, from the risk of vomiting and consequent loss of the vitreous humor. This danger of vomiting affords, in our view, a serious objection to the

use of anæsthetics in many other operations not included in the above exceptions. At any rate, the question to be answered is *cui bono* in many of the comparatively slight and easily tolerated surgical procedures which have to be performed. We can readily appreciate its value in operating upon children or timid patients, or upon very sensitive or irritable adult eyes; but beyond this, we think, more definite rules of action are needed for our guidance in the resort to it, than Mr. Walton has thought proper to lay down.

Chapter 2d is occupied with the consideration of ophthalmic instruments in general, upon which it presents us with some excellent remarks. Lightness, small size, and good order as to points and edges, are dwelt upon as indispensable requisites in all these implements. Cataract needles, knives, and the like, should have wooden handles, small, round and smooth, in preference to the old fashioned and many sided ivory holders generally employed. The wood-cuts in this chapter are, like the illustrations throughout the book, appropriate and admirably done. Here and elsewhere, they facilitate most effectually the precepts and descriptions of the text, and constitute one of the strongest attractions of the volume.

The third chapter is one that might not be looked for in a dissertation on operations, since it is devoted to injuries from mechanical or chemical agents. It contains a good deal of instructive matter, and many useful hints; so that whether out of place or not, it must prove acceptable to the great majority of readers, and could not conveniently be spared. Chapter fourth, like its immediate predecessor, is not wholly occupied with operative surgery, and is none the less valuable and interesting, being principally engaged with the subject of foreign bodies in the cornea and within the ball. The number of cases detailed in these two chapters, renders them in the highest degree useful to practitioners of every grade, all of whom are liable to the emergencies which are here forcibly described and illustrated.

The next chapter, which is a capital one in all respects, treats at length of various affections of the eye-lids, such as abscess, symblepharon, anchyloblepharon, epicanthus, ptosis, trichiasis, entropium, entropium with trichiasis, ectropium, obstruction of the meibomian ducts and conjunctival calculi. This is followed by an

interesting chapter on affections of the puncta, canaliculi, and what he calls the lachrymal tube; by a chapter on caries of the orbit; by another, very carefully prepared, on nævi materni and venous and arterial aneurismal growths; by one on incision of the chemosed conjunctiva in purulent ophthalmia, and by another on strabismus. Then we have a well furnished chapter on tumors of the eye; another, also good, on protrusion with anæmia and enlarged thyroid, and on exophthalmia from other causes, on rheumatic inflammation of the occular sheath, periostitis, abscess and inflammation within the orbit, and disease of the optic nerve. Next follow three shorter chapters, devoted respectively to staphyloma and its attendant characteristics and remedial management, to conical cornea, and to the treatment by operation or otherwise, of opacities of the cornea. In discussing the various topics above hastily enumerated, Mr. Walton, without presenting much that was actually new, has managed to enrich his pages with many highly interesting cases, and a great deal of pertinent matter, which, accompanied and qualified as it occasionally is by the comments of his American editor, will afford the practical inquirer more material aid than could be gleaned in the same time, from any other work yet extant on the subject.

Our limits forbid the notice of many points, which in a more elaborate review would suggest themselves to our attention. We might dwell with advantage upon several questions of theory and practice, as well as upon some important observations—such, for example, as those concerning trichiasis and entropium, their causes and best mode of cure, the phenomena of exophthalmia, the effects of certain conditions of the lens in staphyloma, the treatment of nævi and vascular tumors, the history and management of other morbid growths, the ablation of opacities, &c., &c.—but we are obliged to hasten to a close, with an equally brief glance at the remaining six divisions of our author's task.

The first of these, (chap. xvi,) is a long and able one on cataract. The whole subject is here considered *in extenso*, and with a praiseworthy attention to matters of practical detail in the previous and subsequent care of the patients, as well as in the different stages and modes of operating. We are glad to find the needle recommended by Mr. Walton, and represented

in the marginal engraving, to be substantially the same as that preferred by the operators at the Wills Hospital in this city, and which has been employed with so much success (about 80 per cent cured according to Dr. Littell) upon the patients of that house.

Chapters xvii and xviii are occupied with entozoa and cysts within the eye and its appendages, and with artificial eyes. Chapters xix and xx, the one on malignant diseases of the eye, and the other on artificial pupils, are two long and admirable papers, which are decidedly the best of the book. Chapter xix especially, in its whole character, arrangement, matter and sound conservatism of doctrine and precept, commends itself to the attention and respect of every reader, and can not fail to secure an honorable position to the whole work, independently of all other claims. Chapter xx, on artificial pupil, is scarcely less worthy of approval for clearness and beauty of arrangement and illustration, and for the interest and variety of the cases cited in connection with the different questions belonging to this important subject. The conditions under which an operation may be undertaken, and those which contra-indicate it, the relative advantages of the several positions in the iris for a pupil, the size and shape of the pupil, the classification of the principal morbid states of the eye requiring a pupil, with the most appropriate operations—are all handled in the very best manner.

The only remaining chapter treats of extirpation of the eye-ball, and of the entire contents of the orbit. We take our leave of our author and his editor, with a quotation which neither will regret to see again in print, and which we place before the readers of this journal, rather for the sake of the solemn lesson it conveys, than as a specimen of Mr. Walton's style :—

"All that we have hitherto ascertained as to the origin and nature of cancer, leads us to the conclusion that it is a constitutional, not a local disease, and that the tumor or sore is merely the evidence of the poison that is at work within; the outlet, so to speak, at which the *materies morbi* endeavors to escape from the system. If this be true, it is evident that any attempt to arrest the disease by the removal of its local manifestation can be attended only with disappointment; and that the illustration adduced by Mr. Simon that we might as well attempt the cure of gout by the amputation of the offending toe, is, in many respects, strictly applicable. I do not mean to assert that cancer, when left to run its course, is inevitably fatal; or that an operation for its removal is

invariably followed by its recurrence; cases occur, from time to time, in which it disappears spontaneously from the system, by processes which it is not necessary here to describe; and several well-authenticated instances are on record, in which the extirpation of malignant growths, even under the most discouraging circumstances, have been followed by complete and permanent recovery. Such exceptional cases, however, are so rare, and the conditions under which they occur are so little understood, that it would not be safe to make them the basis of any practical conclusion." (p. 536.)

It is gratifying to meet with views of this high stamp, in regard to questionable operations, in a work which is destined, under its peculiar auspices, to exert a considerable influence on the ophthalmic practice of the country. We take the greater pleasure, therefore, in recommending it as a safe and convenient adviser which ought to have its place in every medical library,—not as a substitute for Hays' Lawrence, and Littell's manual, but as an admirable and most efficient companion to those indispensable monitors.

A Treatise on General Pathology. By Dr. T. Henlé, Professor of Anatomy and Physiology in Heidelberg. *Translated from the German.* By Henry C. Preston, A. M., M. D. Philadelphia. Lindsay & Blakiston, 1853. pp. 391.

It is with sincere pleasure that we notice the appearance of a translation of Prof. Henlé's treatise on Pathology, for we have long felt the want of an easily accessible standard work on the subject. Prof. Henlé's reputation as an anatomist and pathologist has been long and well established—his General Anatomy, published 1841, being regarded as a classical work all over the world. The present treatise forms the first part of his extensive work on Rational Pathology, which, begun in 1846, has only recently been concluded. It is, as the author himself informs us, an attempt to collect into the same form, those physiological facts which the observations of diseased bodies have brought to light, together with the theories and hypotheses pertaining to them. This volume, or the part on General Pathology, treats of all those topics which are especially attractive to every reflecting medical man, and which for centuries have occupied the attention of the most distinguished medical minds.

Prof. H. commences his works with a description of the different medical systems. The method of cure derived from

clinical experience he calls the *Empirical* system; whilst the method which considers the symptoms in their dependence upon each other, he denotes as the Physiological or *Rational* system. He deems the Empirical system preferable, provided the medical experiences be pure and undeniable: the statistical method of Louis for classing experiences, he does not regard as applicable to rare or chronic diseases, nor to those whose course presents great fluctuation.

Rational Pathology he divides into four sections:

1. The inquiry into the idea and nature of disease.
2. The doctrine of the causes of diseases in general, or General Etiology.
3. The local relations of disease and the conditions of its propagation in the organism.
4. The relation of disease in regard to time, or the general history of disease, its course, duration and termination.

These divisions are followed by an admirable historical view of medical systems grouped into seven periods.

First period, from 500 to 100, B. C. The period of the Pythagorean philosophy of nature. *Second* period, from 100, B. C., to the beginning of the sixteenth century after Christ, commonly under the influence of the corpuscular philosophy, and ending with the regeneration of the empirical sciences. The *third* period, from the beginning of the sixteenth to the seventeenth century, is characterised by the development of the doctrines of Theophrastus Paracelsus. The *fourth*, which occupies the first half of the seventeenth century, originates from the advancement of Chemistry and Physics. The *fifth*, extending as far as the commencement of the eighteenth century is the period of reaction against the materialism of the foregoing period by the systems of Hoffmann and Stahl, until their final overthrow by the nervous physiology, which, in the sixth period, in the second half of the eighteenth century disappeared again in its turn. The *seventh* period, the one in which we now live, Prof. Henlé regards as originated by Schelling's Philosophy of Nature, which gave rise to the so-called natural, historical, and pathologico-anatomical schools.

After a consideration of the systems, the subject proper of General Pathology is taken up. The first, second, and third

chapters, are devoted to the definition of disease, the nature of disease, and to morbid processes. The next subjects considered, are the properties of Irrritation, Reaction, and Restitution. We should be glad, if our limited space permitted, to notice each chapter in succession. We can only, however, mention the most important points contained in some of them.

In the chapter on hereditary quality our author distinguishes between *generated* or *begotten* diseases, and *hereditary* or *inherited* diseases; the latter being not merely a propagation, but also a repetition of the disease of the parents. Diseases, he thinks, are inherited from both parents, but the preponderance of one side may destroy the influence of the other, and lessen and obliterate a morbid predisposition. The chapter on Sympathy and Antagonism is very interesting and important. The remarks on the structure of the nervous system are of inferior interest. We cannot refrain from noticing a very singular view expressed in the chapter on Sympathies of Cellular tissue, as to the production of cutis anserina, namely,—that it is a spasm of the skin; this must evidently have been written before the researches of Prof. Kolliker on that subject were published. Prof. Henlé admits a rhythm for all diseases, but denies anything like a crisis, which he considers a most tenacious relic of the mythical beginnings of the science of medicine. In the terminal chapter on the signs of death, he distinguishes actual death from apparent death, by the complete loss of tone and irritability, and therefore proposes irritation by electricity as the only means applicable in doubtful cases; cold he found accelerated the rigor mortis.

So much for the topics treated of in the work. The style is attractive; the language is good, but in some places rather fanciful and not very clear, as the following passage will show:

> "The devil of medicine is disease, or in more scientific language, the morbid irritant, the *materia peccans*, the penetrating noxiousness, the morbid organism. Between the medical and the theological devil, according to biblical notices and old wives' fables, there exists not a mere analogy but a complete identity; the delirious ravings of the possessed are the language of the evil spirit who possesses."

The whole manner, however, in which the subjects are treated of, and some of the mysteries of a diseased organism explained,

bears evidence to its being the work of a highly talented and cultivated mind. If a love for theory may have carried the author sometimes a little beyond his subject, we must bear in mind that this fault is a national German peculiarity. The work is excellent, and will prove a great addition to our Medical Literature.

As regards the translation, we can say, after having carefully compared it with the original, that Dr. Preston has fulfilled his difficult task with zeal and care. We hope he will continue his labors, for this treatise on General Pathology forms but a part of Prof. Henlé's original work. D. C.

The Practice of Surgery. By JAMES MILLER, F. R. S. E., F. R. C. S. E., Surgeon in Ordinary to the Queen for Scotland; Surgeon in Ordinary to his Royal Highness, Prince Albert, for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to the Royal Infirmary; &c., &c., &c. *Third American, from the Second Edinburgh Edition. Edited, with additions,* by F. W. SARGENT, M. D., one of the Surgeons to Wills Hospital. *Illustrated by Three Hundred and Nineteen Engravings on Wood.* Philadelphia, Blanchard & Lea, 1853. pp. 720.

Notwithstanding the numerous treatises of a practical character which have lately been issued from the press, this edition of the Practice of Surgery of Prof. Miller, cannot fail to receive an extended circulation. It is the third American from the second Edinburgh edition, a fact which must be highly gratifying, not only to the publishers in this country, but to the author also, as an evidence of the appreciation of his labors on this side of the Atlantic.

Many subjects are treated of in this edition, which were not included in the last, and its numerous illustrations will, we have no doubt, render it a far more acceptable volume. Indeed, the student of surgery will find in the "Principles" and "Practice" of Surgery of Professor Miller, (to use the author's modest phraseology,) "a tolerably complete system of surgery."

The American editor, Dr. Sargent, has appended many valuable notes and introduced numerous additional illustrations, which

greatly enhance both the appearance and usefulness of the work.

We are glad to see, that the Bibliography, which was omitted in the former editions, is now restored; and we feel also called upon to speak in high terms of the mechanical execution of the book. It must maintain a prominent position as a standard text-book in our medical schools.

The Maternal Management of Children in Health and Disease. By THOMAS BULL, M. D., member of the Royal College of Physicians, author of "Hints to Mothers" for the Management of their health during Pregnancy and the lying-in room. *Second Edition.* Philadelphia, Lindsay & Blakiston, 1853.

A strong dislike to works on popular medicine may be said to have existed in the profession from the early period of Buchan's "New Family Physician," to the present time. A meddlesome and opinionated state of mind, which shows itself in words and deeds, is frequently created in those who use such works, and this is not only annoying and disheartening to the practitioner, but has often led to dangerous and even fatal consequences.

Such are the arguments of those who object to popular treatises on medicine. On the other hand, humanity, the eradication of old prejudices and superstitions, the inability of obtaining medical advice, and the protection of the ignorant public against the impositions of quackery, are brought forward by the writers as pleas in satisfaction or in extenuation of their offence. We shall sum up judicially by saying, after worthy old Sir Roger, "that a great deal may be said on both sides of the question."

Dr. Bull makes three divisions of his subject:—"The management of children in health, the management of children in disease, and the prevention of scrofula and consumption." For many reasons, we prefer the first and last sections.

The style is plain and unpretending, and the advice sound and sufficiently in detail. Where such books are needed, it may be safely recommended.

Dr. Hooper's Physician's Vade Mecum: or a Manual of the Principles and Practice of Physic. Considerably Enlarged and Improved. By WILLIAM AUGUSTUS GUY, M. D., &c. *With Additions.* By JAMES STEWART, A. M., M. D., &c. Philadelphia. E. Barrington & G. D. Haswell, 1853. pp. 541. (*With Index.*)

This is one of the oldest and most popular of the "Manuals." It was thoroughly remodelled some years since, under the able editorship of Dr. Guy, and may now be safely commended to the student as a very complete, clear, and accurate résumé of the "Principles and Practice of Physic."

A Manual of Obstetrics. By THOMAS F. COCK, M. D., Physician to the New York Lying-in Asylum, to Bellevue Hospital, etc. New York. Samuel S. & William Wood, 1853. pp. 250. (*With Index.*)

A hasty glance at this handbook has impressed us very favorably of its merit. The author "makes no pretensions to originality," in its behalf, but puts it forth as a compilation, the basis of which has been his notes of the lectures of Professor Gilman, of New York.

Hallucinations: or the Rational History of Apparitions and Visions, Dreams, Ecstacy, Magnetism and Somnambulism. By A. BRIERRE DE BOISMONT, Docteur en Médecine de la Faculté de Paris, Directeur d'un Etablissment d'Aliénés, etc. etc. *First American, from the Second Enlarged and Improved Paris Edition.* Philadelphia, Lindsay and Blakiston, 1853. pp. 553.

This book contains an immense mass of curious and interesting cases on the subjects indicated by the title, which must give it great value as a work of reference to the student of these topics.

The curious in such matters will find in it a most careful résumé of all the "authentic (?) facts" connected with the subject in question, classified and subdivided on scientific principles, and studied in relation to their "symptoms, causes, lesions, prognosis, diagnosis and treatment."

In the discussion of these topics, the author puts forth much

acute and occasionally deep speculation; but there is a vein of combined credulity and mysticism throughout the book, incompatible with claims to a place among philosophical dissertations on the subject of mental pathology. M. De Boismont distinctly avows his "sympathy with the grand creed of supernaturalism," and is, moreover, a believer in clairvoyance. He considers the fact established, "that persons and objects, in connection with the person magnetized, can be seen by him under their real forms;" and believes "the phenomena of clairvoyance, prevision, and second sight to depend on a sudden illumination of the cerebral organ, which calls into activity sensations that have hitherto lain dormant."

The translation (from an anonymous pen,) is spirited and agreeable. Occasional inaccuracies, (such as we *will*, constantly, for we *shall*; the *Port* for *Oporto*, p. 65; &c.,) are noticeable; and we feel bound also to hold the translator responsible for allowing such blunders in English history to stand uncorrected, as "the Marquis of Londonderry, *afterwards* Lord Castlereagh," and "the *Harrowby* ministry."

The Prescriber's Pharmacopœia: Containing all the medicines in the London Pharmacopœia. *Altered to correspond with the U. S. Dispensatory. Third American from the Fourth London Edition.* By THOMAS F. COCK, M. D. New York, S. S. & W. Wood. pp. 178, (with Index.)

This will be found a most useful little pocket companion to both the student and practitioner, containing in a very small space a great amount of varied information, on subjects of every-day importance.

On the Use of Chloroform in Midwifery. By GEORGE N. BURWELL, M. D., one of the Physicians of the Buffalo Hospital.

Fracture Tables. By FRANK H. HAMILTON, M. D., Professor of Surgery in the University of Buffalo.

For these highly valuable statistical pamphlets, we are indebted to two distinguished physicians of the accomplished profession of Buffalo; a city which is rapidly becoming elevated by

the energy and talent of her leading physicians, to the position of a medical centre.

Dr. Burwell gives the statistics of one hundred and eighty cases, in which he administered chloroform for the relief of labor-pains. He does not discuss the *propriety* of administering this agent; but, waiving argument on that point, he gives us, first, his statistical results upon the most important points of the cases in which he administered it; secondly, an account of its effects, as noticed by him, upon the symptoms and progress of labor; and, thirdly, his mode of exhibiting it, the doses in which it may be safely given, and the rules by which he is governed in its use.

Dr. Hamilton's *Fracture Tables* are an important addition to the statistics on this subject.

Transactions of the Tennessee State Medical Society, at their Twenty-fourth Annual Session, convened at Nashville, May 4, 1853.

This volume contains, with the proceedings of the Tennessee State Medical Society, an interesting address on the history of Medicine, by Dr. J. M. Watson, President; a valuable report on the adulteration of medicines, by Dr. R. O. Currey; reports of Committees, by Drs. W. P. Jones and G. B. Haskins; and cases by Drs. Ramson, Park, Knight, and Bowlin. The Transactions are most creditable to the Profession of Tennessee.

The Physician's Visiting List, Diary, and Book of Engagements, for 1854. Philadelphia, Lindsay & Blakiston.

This most convenient little work has already been issued, for 1854, by the enterprising publishers. Several improvements have been made in it, and it has been simplified by the withdrawal of all extraneous matter, except a table of poisons and antidotes. No physician, who has ever had the advantage of so useful a pocket-companion, can, we are satisfied, afford to be without it.

The Microscopist; or A Complete Manual on *the Use of the Microscope. With Illustrations.* By JOSEPH H. WYTHES, M. D. Philadelphia, Lindsay & Blakiston, 1853. pp. 212 (with Index.)

The value of this useful little manual has been well shown in the rapid exhaustion of the first edition in little more than a year. Numerous important additions have been made to the present edition, which is highly creditable to both the author and publishers.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCTOBER, 1853.

Since the issue of our last number, the yellow fever has continued to present a few cases, all of which have, we believe, been traceable to the same circumscribed area in the south-eastern part of the city, which we have already alluded to. The general health of the town has been remarkably good, the bills of mortality being less than for corresponding periods of last year; and the fever may be said to be dying out, as the cases are not only diminished in number, but are much less malignant in type, than during the first period of its appearance. The frost, which may now be daily expected, will no doubt extinguish entirely the smouldering embers of the disease. We shall give in our November number, a conclusion of the account of the visitation of the fever, which was published in the September number.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

Professor HENRY S. PATTERSON, who has for many years so ably filled the chair of Materia Medica and Therapeutics in this Institution, has retired from the active performance of the duties of that department, in consequence of enfeebled health, and has been appointed Emeritus Professor.

The vacancy thus created, has been filled by the election of Dr. JOHN B. BIDDLE, of Philadelphia, one of the editors of the Medical Examiner,

formerly Professor of Materia Medica and Therapeutics in Franklin Medical College, and Lecturer on the same branches in the Philadelphia Medical Institute.

Dr. Biddle has earned an enviable reputation as an accomplished and able teacher, and it is confidently believed that the interests of the School, and especially of the department of Materia Medica, so happily and brilliantly illustrated by his predecessor, will lose nothing in being committed to his hands.

The numerous friends of Dr. Patterson, we are sure, will join us in our heartfelt wishes that the repose he now seeks from arduous duties, may result in his entire restoration to health and usefulness. S.

MEDICAL NEWS.

Proceedings of the College of Physicians, of Philadelphia, in reference to the Death of Dr. Chapman.

CHAMBER OF THE COLLEGE OF PHYSICIANS,
Stated Meeting, August 3, 1853.

The College of Physicians of Philadelphia, through its Committee, Drs. Bell, Ruschenberger, and West, appointed for the purpose, makes the following record of its sentiments on the occasion of the death of Dr. Nathaniel Chapman, Senior Fellow of the College:

The fulness of years and failing health of Dr. Chapman, and his consequent withdrawal from the active discharge of his professional and social duties, gave, like the twilight that precedes the gloom of night, unmistakable notice of his approaching departure. The melancholy event thus anticipated has occurred; and this College now mourns the loss of its venerated and oldest member—of him, in whom was blended the skilful physician with the kind friend, the instructive writer, and the lucid and emphatic teacher, with the paternal adviser.

The great and distinctive merits of Dr. Chapman, as Professor in that Institution with which his name was so honorably connected during nearly half a century, and in which his ascendency was so conspicuous, will doubtless be delineated in due season. They are fully appreciated by numbers in this College, who, in common with thousands from all parts of the United States, listened to his attractive prelections, and formed their medical opinions under his tuition and guidance.

Farther manifestations of his untiring zeal in fostering medical instruction were afforded by his lecture-laburs, for a period of twenty

years, in the Philadelphia Medical Institute, a summer school, of which he was the founder, and, from first to last, President.

As editor and journalist, intent on disseminating medical knowledge, Dr. Chapman has strong claims on the esteem of the entire profession in the United States. The periodical created, and for several years conducted by him, still flourishes, the vehicle for a vast number of highly valuable facts, and for the advocacy of sound ethics.

Long will the name of Chapman be associated in the memory of the members of this College, and of the community in which he lived, with the amenities that give a charm and refinement to social intercourse, and with the radiant yet genial wit which illuminated and quickened into gladness all whom he approached.

How many can bear willing and grateful testimony to his generous heart and freely-given hand, ever responsive to the calls of friendship and of charity, to the timid request of the youthful student for a temporary loan, and the faltering plea of old age for permanent support.

In commemoration of so much worth, and as an incitement to the members of this College and of the profession at large to follow in the path of their distinguished associate,

Resolved, That a bust and portrait of Dr. Chapman be procured, and placed in the chamber of the College.

The sincere and respectful condolence of the College is at the same time offered to the widow and family of the deceased under their bereavement. Also, *Resolved,* That a copy of the preceding record be communicated to Mrs. Chapman, by the present Committee.

JOHN BELL,
W. S. W. RUSCHENBERGER,
FRANCIS WEST.

On motion, the foregoing report was approved, and the resolutions contained therein adopted, and the whole directed to be published in the *American Journal of Medical Sciences* and *Medical Examiner.*

From the minutes.

D. FRANCIS CONDIE,
Secretary of the College.

TRIBUTE TO THE MEMORY OF DRS. CHAPMAN AND HORNER.—The graduates of the Medical Department of U. P., residing at Mobile, Ala., adopted the following resolutions in reference to the recent deaths of Prof. Chapman and Horner:

WHEREAS, It hath pleased Divine Providence to remove from the sphere of their usefulness our much respected and honored instructors,

Drs. NATHANIEL CHAPMAN and WM. E. HORNER; and, whereas, in our opinion such services as they have rendered the cause of Medical Sciences and our "Alma Mater," deserve some especial and lasting tribute; and, whereas, it was our peculiar privilege to receive instruction from their lips, and to have held up before us their bright examples of zeal and devotion to their profession, and high and honorable conduct in their private life—feelings of respect and esteem for them, and pride for the Science which they have so honored, have prompted us to meet together to give form and expression to the sentiments that fill our hearts in view of the bereavement that their deaths have occasioned. Be it therefore

Resolved, That in the death of Professors NATHANIEL CHAPMAN and WM. E. HORNER, our time-honored Alma Mater has lost two of its most indefatigable teachers, the city of Philadelphia two of its most respected and esteemed citizens, and the Profession of Medicine two of the most zealous contributors to the facts upon which that science has erected an enduring foundation.

Resolved, That as former pupils of these distinguished Professors, we especially know how to appreciate the loss that our profession has sustained—and though we know that the rich treasures of knowledge that they have left us as a legacy to Medical Science will perpetuate their names as long as the truths of that science last—still we, the Alumni of the school, with whose glory their names are so inseparably entwined, would do something more to place their services and their virtues as a shining mark by which to direct the steps of future aspirants for the honors and the fame which reward the Zealous, the Industrious and the Faithful in our Noble Science.

Resolved, That in furtherance of the above resolution, we do hereby call upon the Alumni of the Medical Department of the University of Pennsylvania, throughout the world, to contribute the sum of ONE DOLLAR each, on or before the 25th of December next, to defray the expense of erecting a suitable monument to their memories, in the University yard in Philadelphia—that such contribution be sent to the Dean or any member of the present Faculty, to be used by them for that purpose so soon as, in their judgment, a sufficient sum shall have been received.

Resolved, That all medical journals and all papers which may approve of this object, be requested to give the action of this meeting publicity, and to further the objects of these resolutions as much as may be in their power.

MEDICAL DEPARTMENT OF IOWA UNIVERSITY.—Dr. McGugin has been transferred to the Chair of Pathology, and E. R. Ford, M. D., of Keokuk, has been appointed to the Chair of Obstetrics, thus vacated by Dr. McG. Edward A. Arnold, M. D., of Baltimore, has been appointed to the Chair of Anatomy, vacated by the transfer of Dr. J. C. Hughes to the Chair of Surgery.

ARMY MEDICAL BOARD.—An order from the War Department constitutes an Army Medical Board for the examination of Assistant Surgeons for promotion, and of candidates for appointment in the medical staff of the army. The Board will convene in the city of New York on the first day of December next, and will probably continue in session three or four weeks. Applications must be addressed to the Secretary of War; must state the age and residence of the applicant, and must be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably, and for performing ably, the arduous and active duties of an officer of the medical staff.

YALE MEDICAL COLLEGE.—Drs. Henry Bronson and Benjamin Silliman, Jr., have been appointed successors of Professors E. Ives and Benjamin Silliman, in the Medical Department of Yale College; the former in the Department of Materia Medica, and the latter in that of Chemistry.

PROSPECTUS OF THE GEORGIA JOURNAL OF THE MEDICAL SCIENCES.—Under the above title, a new Journal is projected, to be published monthly, at Savannah, Ga., under the editorship of GEORGE F. COOPER, M. D. It has our best wishes for its success.

The PENINSULAR JOURNAL of MEDICINE and the Collateral Sciences, is the title of a new and well conducted Monthly, published at Ann Arbor, Michigan, under the editorial control of E. Andrews, M. D.

Professors COBB and BAXLEY have resigned their respective chairs of Anatomy and Surgery, in the Ohio Medical College, Cincinnati, and are to be succeeded by Drs. G. W. Bayless and Asbury Evans, the former as Anatomist and the latter as Surgeon. Dr. Samuel G. Armor has also been appointed Professor of Physiology and Pathology in the same institution.

Dr. R. J. BRECKENRIDGE has been elected to the chair of Materia Medica, in the Kentucky school of Medicine at Louisville, vice Dr. E. D. Force, resigned.

Prof. A. LITTON.—This gentleman has been appointed Chemist to the Geological Survey of the State of Missouri. He still retains, however, the chair of Chemistry in the St. Louis Medical College, which he has filled with such distinguished ability for eight or ten years past.

BUFFALO MEDICAL JOURNAL.—Dr. S. B. Hunt has become associate

editor of this excellent journal, to the pages of which he has heretofore contributed.

Dr. Austin Flint.—This gentleman has resigned the chair of Theory and Practice in the Buffalo Medical College, and Dr. Thomas F. Rochester, of New York, has been appointed his successor. Dr. F. still retains his professorship at Louisville.

Medical Department of the University of Vermont.—This Institution has been organized by the appointment of the following Gentlemen: Dr. W. S. Thayer, of Northfield; Dr. W. Carpenter, of East Randolph; Dr. O. Smith, of Montpelier; Dr. E. S. Carr, of Castleton, Vermont; Dr. H. Nelson, of Plattsburgh, New York; and Dr. L. W. Bliss, of Bradford, Vermont.

American Association for the Advancement of Science.—The proceedings of the scientific convention held at Cleveland on the 28th of July, furnish gratifying evidence of the increased interest felt in science, and of the conviction, among its cultivators, of the necessity of associated efforts. Men of science are evidently realizing, in a highly appropriate manner, the dignity and utility of enrolling themselves as members of this body, which already includes so many who have earned an honorable celebrity. Nearly two hundred new members were elected at the recent meeting.

A full review of the proceedings of the association would be out of place in a journal devoted to strictly medical subjects; we may simply notice that after electing B. Pierce, the Cambridge astronomical professor, to the office of president, and Dr. Baird, of the Smithsonian Institute, and Professor St. John, to the offices of perpetual and annual secretary, the association proceeded to divide itself into sections, and to appoint standing and special committees.

Section A embraces mathematics and physics; Section B is devoted to natural history, geology, chemistry, geography and ethnology. Two-thirds of the papers presented were on subjects connected with mathematics and natural philosophy. Dr. Waldo J. Burnett contributed a paper on blood-corpuscle-holding cells, and their relation to the spleen; and a second paper upon the formation and mode of development of the renal organs in vertebrata. Professor Horsford, of Cambridge, presented an essay on the fatal effects of chloroform.

The officers of these two sections are as follows:

Standing Committee of Section A.—Professor Lovering, Chairman;

Professor W. M. Chauvenet, Secretary; Professors E. Loomis, H. L. Eustis, J. Winlock.

Standing Committee of Section B.—Professor S. St. John, Chairman; Professor H. L. Smith, Secretary; Drs. J. L. Riddle, W. J. Burnett, Jos. Leidy.

We regret to observe that a resolution was passed prohibiting the sale of the "Transactions" of the association. It appears that the annual assessment of one dollar each from six hundred members suffices to defray the expenses of publication, and it has accordingly been determined that the edition of the Transactions shall be limited to a number of copies sufficient to supply the individual members, and foreign learned societies.

The next meeting of the association will be held in Washington on the last Wednesday in May 1854.—*Virginia Med. and Surg. Jour.*

Obituary.—The profession in Richmond deplores the loss of Dr. William J. Clarke, who expired on the 20th of August, in the twenty-ninth year of his age.

Dr. Clarke possessed excellent capacities, and very considerable attainments in medicine. He was the eldest son of the late Micajah Clarke, who enjoyed for many years a wide and well earned reputation as a practitioner of truly wonderful sagacity. In consequence of the immense success of the father, the career of the son has been observed with more than ordinary interest, and his untimely end has elicited the warmest regrets.

Doubtless, had time been given him, had he reached the maturity of his powers, he would have gained enviable distinction, and have worthily succeeded to the great place in public estimation which his father occupied. Such at least were the hopes which his talents and mental cultivation permitted his friends to entertain, notwithstanding the excessive modesty and reserve which impeded his professional advancement. Therefore their grief is the more poignant, that in his early manhood, his work all unfinished, Death has come and cut him down.—*Virginia Med. and Surg. Jour.*

Obituary.—Dr. John M. F. Trudeau, long a resident and respectable practitioner of St. Louis, died suddenly on the 22nd of August, of disease of the heart.

Obituary.—The following physicians fell victims to the late epidemic at New Orleans:—

Dr. A. R. Nye, aged about 26 years, a native of New York.

Dr. Jacobson, aged 40 years, late of St. Louis, Missouri.

Dr. A. C. Robertson, aged 23 years, a native of Nashville, Tenn.

Dr. Friend, aged — years, a native of Petersburg, Va.

Quinine in Yellow Fever.—Our experience during the present epidemic, with the Sulphate of Quinine, has convinced us that large doses of this salt cannot be relied on in the early stages of the attack.

In the commencement of the epidemic, the advocates of large doses of quinine soon found that this article, when given in sedative doses, failed to accomplish a cure, although the febrile symptoms gradually gave way to its use.

As the epidemic progressed, and its type and characteristic symptoms became better known, few, as far as we can learn, ventured to give large and repeated doses of this salt, except in particular instances. In our previous epidemic of Yellow Fever, the quinine practice succeeded best; but it is generally conceded, as far as we could ascertain, that this season it failed in a majority of cases to sustain its previous high reputation, as a powerful curative agent—hereafter, we shall have more to say on this subject.—*N. O. Med. and Surg. Journ.*, Sept. 1853.

The Epidemic of Yellow Fever at New Orleans.—About the 26th of May last, the first case of yellow fever entered the Charity Hospital, and after death, black vomit was found in the stomach. The first fever cases originated among the shipping along the Levee, in the Fourth District, from which point it extended rapidly through the adjacent portion of the town. A large population of unacclimated persons, living in wooden huts, with floors and timbers soaked in water, and half decayed, were seized with the disease in the most malignant form. For some time previously rain had fallen almost daily, and this added to a hot, burning sun, seemed to give strength to the poison, and lent intensity to the disease. The streets in this vicinity, for the most part, were unpaved, or planked, and the culverts, gutters, etc., were filled with water, saturated with filth and decaying vegetable and animal matter. The crowded state of these huts and low wooden tenements, with their floors steeped in mud and water, is admirably calculated to generate and propagate the germ of a disease which had already been sown in their midst.

The habits of these people, (being chiefly Irish and German laborers,) notoriously negligent and filthy, and utterly indifferent to all those precautionary measures which a limited knowledge of the laws of hygiene should suggest, served only to add fuel to the conflagration which was destined to extend its ravages to every portion of our devoted city. Hence, for some time, the yellow fever confined its work of death within particular localities,—but by and by gaining strength by what it fed upon, it began to travel to other and more distant points,—to extend its arms, so to speak, in every direction, until it grasped the Four Districts within its deadly embrace. For some time the hope was entertained that those who paid proper regard to personal comfort and cleanliness—who dwelt in high, airy, and well-ventilated apartments might escape the disease; but this proved a delusion,—it soon became apparent that, as heretofore, the epidemic fever was no respecter of persons,—the master was stricken down with the servant—the mistress with the maid—the proud and wealthy were brought to a level with the humble and needy. All who had not passed through some one of our epidemic seasons were exposed to attacks from the disease. As has been already mentioned, the fever made its appearance in the latter part of May, at least one month and a half earlier than usual, and from the first case up to the present, it steadily increased almost daily, until the mortality per diem exceeded that produced by any epidemic known in the annals of our sanitary history. In recording the fearful ravages of the present epidemic we must not forget that we have remained exempt from any such visitation since 1847, and during this time an immense population of unacclimated persons, both from Europe and the north-western part of our own country, have been accumulating in our city. The number of unacclimated persons in the city, at the breaking out of the epidemic has been estimated at 30,000 souls; but many of these, it is fair to suppose, have left the city to escape the disease.

The type of the epidemic differs but little from that to which we have been subject in former years; and the belief that persons had died of the disease in six and eight hours from the moment of seizure, can readily be explained by a better knowledge of the antecedent history of the case; for on inquiry it would generally be found that such individuals have had slight fever and other symptoms of the epidemic for two or three days previously to taking their bed and calling in medical aid. This surmise gains additional strength from the fact that the attack, in many instances, has been so insidious and destitute of alarming symp-

toms, that it is with difficulty such persons could be persuaded—could be prevailed upon to submit to the usual restrictive treatment.

It is not strange, therefore, that such cases, which had been neglected for two or three days, in the early and curable stage of attack, should terminate in fatal black vomit, in a few hours after the physician is summoned to the bedside of his patient. So much for the apparent malignancy of the present epidemic. In making the foregoing explanation, we aim not to deny the existence of an occasional case of extreme severity; so severe indeed as to terminate in death in a few hours, in spite of the best efforts of the most skilful physicians and the most careful nursing.

In some instances the system seems so thoroughly saturated with the poison of the disease, from the very moment of seizure, that no system of medication, as yet suggested, seems able to cope with and stay the fatal tendency of the fever. Every medical man who has had much experience in the disease, must remember occasional instances of this kind.

The disease this season, though essentially the same in many of its most prominent features, exacts, perhaps, on the part of physician and nurse, more care, diligence and precaution, to terminate favorably, than usual in our epidemics. The slightest imprudence, either in diet, exposure, or excitement of any kind, is almost certain to superinduce a relapse—from which state it is usually very difficult to extricate the patient. Hence, the great mortality among those who are not only ignorant of the peculiarities of the disease; but who are also unable, and in some instances unwilling to pay for the requisite medical aid and attendance.

We refer to our table below, furnished by Dr. Simonds, the active Secretary of the Board of Health, for a full account of the deaths and other particulars which have occurred since the epidemic broke out. By this, it will be seen that yellow fever has done terrible execution among our unacclimated population; has produced a mortality unparalleled in the history of our ill-fated city. Even while penning these lines, the fever is sweeping off over *two hundred per diem*—and from present appearances, it is likely to continue its fearful ravages for, perhaps, weeks to come.

Our quondam associate, Dr. Fenner will, in due time, give us a full and detailed history of this epidemic, as he did that of 1847, when the disease shall have run its course and done its work of death.

Below, we give the mortality produced by the epidemic, in the city of New Orleans, from the 28th May up to the 26th August, inclusive, for 1853:

The Epidemic.

Total number of death by yellow fever and other diseases, from May 28 till date:

Week ending.	*Total.*	*Yellow Fever.*	*Other Dis.*	*Not stated.*
May 28	140—110	1—1	139—139	
June 4	157—	1	156	
" 11	154	4	150	
" 18	147	7	140	
" 25	167—625	9—21	158—604	
July 2	177	25	152	
" 9	188	59	139	
" 16	144	204	140	
" 23	617	435	182	
" 31	884—2210	704—1427	138—741	42
August 1	142	106	25	11
" 2	135	115	14	6
" 3	146	124	17	9
" 4	166	135	15	10
" 5	150	128	9	13
" 6	238	194	30	14
" 7	209—1186	165—967	40—150	4—69
" 8	219	187	23	9
" 9	201	166	21	14
" 10	230	193	33	4
" 11	233	192	13	18
" 12	207	180	25	2
" 13	214	179	22	13
" 14	232—1526	191—1288	26—163	16—75
" 15	217	187	24	6
" 16	193	163	19	11
" 17	219	191	21	7
" 18	219	188	22	9
" 19	234	203	15	16
" 20	224	184	29	11
" 21	269—1575	230—1346	24—154	15—75
" 22	283	239	29	15
" 23	258	220	24	14
" 23	222	188	23	11
" 25	218	186	19	13
" 26	193—1070	151—884	29—124	13—66
Total	8336	5934	2075	327

N. B.—The retnrns from the St. Patrick's Cemetery since the 31st

July, not having been duly made, cannot be relied on, except for two weeks, when the books were resorted to by the Secretary, to enable him to make a weekly report.—*N. O. Med. and Surg. Journ., Sept.*, 1853.

RECORD OF MEDICAL SCIENCE.

PATHOLOGY AND PRACTICE OF MEDICINE.

Oil of Turpentine in the Treatment of Yellow Fever.—Mr. James Laird, Surgeon R. N., who was for nearly eleven years in constant service on the North American and West Indian Station, and for several years attached to the Royal Naval Hospital, at Bermuda, bears strong testimony, (in the London Lancet, 27th August, 1853,) to the success of the turpentine treatment in the yellow fever, as it prevailed at Bermuda. Attention was first directed to this remedy, with a view to restrain passive hæmorrhage, when its salutary influence was so strikingly observed, that "it was afterwards given in every case and in every stage of the disease," and with a marked improvement in the mortality. The dose was twenty minims in camphorated water, three times a day; "and in the generality of cases nothing else was given." The following statistics tell favorably for the success of this treatment:

"*Statistics of Mortality.*

1. Showing the comparative success of different modes of treatment in 164 cases of fever, as they are entered in the books of the Royal Naval Hospital, Bermuda, from the commencement of the epidemic; and the same number of cases, taken in the same order from the 27th of August, 1843, when the spirit of turpentine was first administered:—

Treatment without Turpentine.			*Treatment with Turpentine.*		
No. of cases.	Died.	Rates of mortality.	No. of cases.	Died.	Rates of mortality.
164	25	1 in 6·6	164	19	1 in 8·6
Recoveries from black vomit		1.	Recoveries from black vomit		4.

2. Showing the number of cases treated with turpentine at the Royal Naval Hospital, Bermuda, between the 27th of August and the cessation of the epidemic in December, 1843:—

Total number of cases.	Died.	Rates of mortality.
882	80	1 in 11.
Recoveries from black vomit . .		24.

3. Showing the number of cases of yellow fever admitted into the

Royal Naval Hospital, Bermuda, during the epidemics which prevailed there in 1818, 1819, and 1837 :—

	No. of cases.	Died.	Rates of mortality.
1818 ..	105 ..	28 ..	1 in 3·8.
1819 ..	106 ..	25 ..	1 in 4·2.
1837 ..	140 ..	22 ..	1 in 6·4."

[The oil of turpentine is an old and highly esteemed remedy in Philadelphia practice in the treatment of yellow fever. Dr. Rush, in his history of the yellow fever which prevailed in this city in 1805, says that Dr. Physick used it that year with success for the vomiting that occurs in the second stage. Drs. Chapman and Hewson employed it at the Bush-hill hospital, in the epidemic of 1820, with great success, having cured twelve out of sixteen patients with drachm doses of the oil every hour. Prof. Samuel Jackson, in his account of the epidemic of 1820, (Philadelphia Journal of the Medical and Physical Sciences, vol. II,) speaks favorably of the effects of the oil of turpentine, although not disposed to assign it a particular pre-eminence over other remedies. He says, that "in the Hospital there were thirteen cases of the fever, in which the exhibition of turpentine was early commenced, and in which a fair trial of the practice was given. Of those cases, eight recovered and five died. (Op. citat. pp. 14, 15)." Our readers will find some interesting remarks on the use of oil of turpentine in yellow, remittent, and typhus fevers, and in diseases of a hæmorrhagic character, by Dr. S. Jackson, (late of Northumberland,) in the April number of this Journal for 1850.—Eds. Ex.]

Absence of Bronzed Liver in Remittent Fever.—Dr. McGowen, of Memphis, Tenn., publishes in the Memphis Medical Recorder, for September, the "*post mortem* examination of a *case* that had died of the comatose form of the Remittent Fever," in which the *bronze color of the liver*, described by Dr. Stewardson and others, as characteristic of the disease, was not perceived. Prof. Wooten, of Memphis, adds to this case some remarks, in which he says: "Since Dr. Stewardson published his cases, we have examined about a half dozen, and in not a single one have we witnessed the *bronzed liver* as described by that gentleman."

Asparagus Officinalis as a Remedy for Hydrophobia.—Dr. Chairétes, of Athens, reports in the London Lancet, 27th August, 1853, some cases which he deems illustrative of the curative powers of Asparagus in hydrophobia.

MATERIA MEDICA AND THERAPEUTICS.

Infusum Juniperi Compositum—Mr. Procter says: Having had occasion to prepare a variety of diuretics, for a member of my family affected with valvular disease, attended by dropsical effusion into the pleura and pericardium, none of them proved so successful as the infusion of Juniper berries with cream of tartar. The necessity of making the infusion every day, led to the adoption of the following formula, which was afterwards used with much satisfaction.

Take of Juniper berries, thoroughly bruised, four ounces.

Holland gin,	-	-	four fluid ounces.
Boiling water,	-	-	twelve fluid ounces.

℞ Pour the boiling water over the bruised juniper, add the gin, mix them and let them macerate for twelve hours. The whole should then be thrown on a cotton cloth and expressed, and sufficient water added to the dregs and pressed out to make the infusion measure a pint.

The preparation thus made has an opaque brown color, and a decided odor and taste of the berries. When desirable, it may be made more active by rubbing one drachm of the oil of juniper with the bruised berries, then pouring the gin upon them, and after macerating an hour, adding the boiling water, and continuing the maceration for eight or ten hours longer. The liquid is then separated by expression as above. When made by the last method, the infusion contains more of the oleoresin of juniper in suspension, and is much less agreeable to the taste, but is more active and efficient. When the patient is troubled with gastric irritability, the first infusion is more appropiate. Whichever may be employed, the dose is from a tablespoonful to a wine glassful, mixed with a teaspoonful or more of cream of tartar, three times a day regularly. It is much better in prescribing juniper berries and cream of tartar for a patient, to direct the salt to be kept separate from the berries, and administered by measured doses with the infusion after it is made; because, when they are infused together, a large portion of the bitartrate crystallizes among the juniper dregs as the infusion cools, and is lost by straining the infusion.—*Journal of Pharmacy.*